

The Influence of Gender Identification and Self-Efficacy on Counseling Students: A Multicultural Approach

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Abstract

Master and doctoral students attending CACREP accredited counselor education programs participated in this research study. Of the 189 CACREP accredited programs invited to participate, 21% of the programs had students responding (n= 176; 33 (19%) males, 143 (81%) females). Each participant completed the Multicultural Counseling Inventory and The Counselor Self-Efficacy Scale. Significant differences were evident for gender and self-efficacy and four sub-scales of multicultural counseling competency. Master and doctoral students attending CACREP accredited counselor education programs participated in this research study. Each participant completed the Multicultural Counseling Inventory and The Counselor Self-Efficacy Scale. Significant differences were evident for ethnicity and self-efficacy and four sub-scales of multicultural counseling competency.

Introduction

Counseling students in training are expected to understand cultural diversity and its application for the profession of counseling. Multicultural competence is defined as a therapist or counselor's ability to integrate human diversity factors into his or her theoretical and technical approach, which includes assessment, intervention, and counseling outcomes (Roysicar, 2003). In relation to the teaching of multicultural counseling, Vasquez (1997) promotes non-traditional courses where trainees begin to utilize a self-reflective process and transition towards more alternative worldviews. These types of experiential courses are being utilized to decipher complex counseling situations that involve diversity issues.

Multicultural counseling competency has been a topic of interest (Arredondo, 1996; Sodowsky, 1991; Sue, 1992; Sue & Sue, 1990; Sue, Arredondo, McDavis & Roderick, 1992; Sue, 1992) that has initiated a movement towards understanding the factors that may influence the multicultural competence of counselors. The beginning of a formal description and definition of multicultural counseling competency began in the field of psychology. Constantine (2001) defines multicultural counseling competence as a counselor's beliefs, attitudes, knowledge, and skills towards working with a culturally diverse clientele. A counselor's multicultural expertise, which includes: (a) attitudes, (b) beliefs, (c) knowledge, and (d) skills have been noted to influence the counseling relationship in a positive way (Bryan & Lyons, 2003). These findings suggest that a counselor's knowledge of these areas can contribute and enhance the understanding of multicultural issues.

Counselor Self-Efficacy and Multicultural Counseling Competency

Research in the educational research has been directed to the self-efficacy of counselors. Bandura (1977) defined self-efficacy as the beliefs that are based on individuals' expectations that one acquires a certain knowledge and skill level. The application of self-efficacy as it relates to counseling is a fundamental issue because it defines how confident a counselor is in his or her ability to counsel clients. Furthermore, he explains that it is the capacity to overcome challenges in order to succeed in life. Stidwill (1994) suggests another general definition of self-efficacy, which is a theoretical framework that explains, predicts, and mediates psychological behavior change. This definition relates to multicultural counseling competency because of the tremendous obstacles ethnic minorities have faced in our history. The confidence level of counselors influences their ability to obtain positive or negative results when working with clients. This presumption poses the idea that there is a call for a better understanding of the

relationship between counselor-self-efficacy and the multicultural counseling competencies of counseling students.

Self-efficacy has a variety of implications for counselors in training and professional counselors. Counselor self-efficacy can be defined as one's belief about their ability and skill to effectively counsel a client (Larson & Daniel, 1998). This theoretical framework is designed to assist counselor's confidence in their counseling skills. Heppner, Fuller and Multon (1998) found that counselor-training programs are invested in having their trainees perform efficaciously, especially when difficult stages of counseling occur with a diverse array of clients. The practice of counseling poses several challenges due to the diverse needs of multicultural clients. Graduate students who are in training to become counselors impart a major contribution to post-training functioning as counselors relative to setting, activities, and competencies (Ladany, Ellis, & Friedlander, 1999). These contributions are a derivative of the quality in training and supervision they receive in their graduate courses and professional practice. The integration of multicultural projects and activities may enhance a student's ability to apply their counseling skills to a multicultural clientele.

Johnson, Baker, Kopala, Kiselica and Thompson (1989) found that self-efficacy for counseling students increased over the time period when they were in a masters' practicum course. This study illustrated that a students' confidence in their counseling ability increased their mastery of counseling skills. As counselors develop these abilities, it may enhance their ability to successfully counsel culturally diverse clients. Sipps, Sugden and Favier (1988) conducted a study where third and fourth year graduate students in counseling programs demonstrated higher self-efficacy scores than first-and second year students. Because of the differences in their year of training, this study suggested that third and fourth year graduate students had significantly increased their counselor self-efficacy more than first and second year students.

Gender Identification and Multicultural Counseling Competency

The implications of gender within counseling have been an integral part of research studies (Gold & Hawley, 2001; Hays, 1996; Jones, 1996; Robinson, 1999; Stevens-Smith, 1995; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). According to Harris (1989) gender is a cultural term that describes the characteristics we ascribe to people because of their sex, which include ways we believe people behave, based on cultural expectations of what is male and female. According to Constantine (2000) gender is a construct that is developed through the socialization of the cultural attributes, which consists of behaviors and characteristics that are associated with the male and female biological sex.

Gold and Hawley (2001) found that the effects of socialization may interfere with the mandate directed to counselor education students to incorporate gender sensitive practices. Their study suggests counselor education programs reinforce their commitment towards teaching gender sensitive counseling. According to Stevens-Smith (1995) there is a discrepancy between theoretically seeing the importance of including gender issues in counselor education programs and the actual implementation of gender studies within their educational training. This author further suggested that in order to be an ethical and effective counselor, it is necessary to have an understanding of the client's worldview in regards to the culture of gender.

Conceptualization and Clinical Supervision

Clinical supervision is an essential part of a counselor's growth and development (Bernard & Goodyear, 1998). Ladany and Constantine (2001) found that there are many facets of clinical supervision that are confounded by societal influences based on gender identification and discrimination. In a follow-up study, Constantine (2001) suggests a comprehensive view for counselor educators, supervisors, and students to incorporate the combination of race, ethnicity, and gender awareness in counseling. This study provided several ways of analyzing these three variables together; consequently, providing a more comprehensive view of how they may influence the counseling process.

Dupuy and Ritchie (1994) found that although counselor education programs acknowledge the importance of gender, less than half report including gender issues into their training or curriculum. It is relevant that the counseling profession has increasingly emphasized sensitivity to the culture of gender and the importance of specific counselor education training geared towards understanding the complexity of this phenomenon. Consequently, it is essential to include gender awareness into every aspect of counselor training, from beginning coursework to internship settings. Arredondo's et al., (1996) document, by way of the Professional Standards and Certification Committee of the Association for Multicultural Counseling and Development is one of the responses the counseling profession has taken to address the need for cultural sensitivity, specifically addressing how gender awareness can positively influence the counseling relationship.

Understanding the implications of gender issues in counseling is an essential part of multicultural counseling competency. Counselor education programs use discretionary authority as to increase specific courses that are directed towards gender-sensitive counseling. Accredited counselor education programs and other governing institutions promote gender awareness in their objectives and advocate for it as part of a counselor education student's training. An accrediting institution that advocates gender sensitive counseling practices is the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2001). Based on these collective research findings, gender awareness and its implications for multicultural counseling may influence the counseling relationship.

Purpose for the Study

The hypotheses for this study focused on the significant differences between individual factors of counselor education students and their multicultural counseling competencies.

1. There is a significant difference in multicultural counseling competency by the gender identification of counselor education students.
2. There is a relationship between the self-efficacy of a counselor education student and their multicultural counseling competence.

The purpose for this research study takes into account several important areas in the profession of counselor education. The findings from this study may provide guidance for counselor education programs in the following areas; (a) classroom instruction, (b) evaluation methods, (c) course development, and (d) multicultural counseling competency. Counselor education programs must take an active role in the creation, implementation, and sustenance of a comprehensive multicultural classroom that integrates gender and self-efficacy as a central component to multicultural counseling competency. The creation of integrative courses and non-traditional methods of incorporating multiculturalism may fortify and fulfill the objectives for multiculturalism advocated by CACREP (2001). A variety of multicultural teaching methods can help determine whether a counselor education student has acquired multicultural counseling knowledge and skills. In addition to the existing literature, this research may contribute to the development of courses that focus on single or multiple factors of multicultural counseling competency.

The analyses of gender and self-efficacy can assist counseling and psychology programs advocate for specific courses. Accredited counseling programs may benefit from identifying and analyzing specific factors of multicultural counseling competency; thus, enhance the comprehensiveness of program expectations, training, program course requirements, and eligibility for educational grants. These contributions may provide some direction as to the objectives by CACREP (2001) for multicultural counseling competency and the several aforementioned areas of concern for accredited counselor education programs.

Method

Participants

Data were collected from counseling students in accredited programs, including general information about program type and educational degree. Master's and doctoral students used the Counselor Self-Efficacy Scale (CSES) which was developed for a research study reported by Johnson, Baker, Kopala, Kiselica, and Thompson (1989) to assess counselor self-efficacy and the *Multicultural Counseling Inventory (MCI)* developed by Sadowsky, Taft, Gutkin, and Wise (1993) to assess their multicultural counseling competency. All participants in this study were master and doctoral students attending CACREP accredited counselor education programs. Of the 189 CACREP accredited programs invited to participate, 21% of the programs had students responding (n= 176; 33 (19%) males, 143 (81%) females).

Instrumentation

Counselor Self-Efficacy Scale (CSES)

The Counselor Self-Efficacy Scale (CSES) was developed for a research study reported by Johnson, Baker, Kopala, Kiselica, and Thompson (1989). Bandura (1977) defined self-efficacy as the beliefs that are based on individuals' expectations that one acquires a certain knowledge and skill level. In addition, he further notes it as "the conviction that one can successfully execute (desired) behavior" (p.93). The Counselor self-efficacy scale was developed to assess two components of self-efficacy. These two components of self-efficacy that were recorded are: Level and Strength. These components in the CSES are applied to the task of learning basic and advanced counseling skills. The content of the measure is focused on the assessment of Level and Strength of participants' counselor self-efficacy. For this instrument, two scores are produced which are Level and Strength of self-efficacy. The 33 counseling behaviors listed on the left-hand column measure the level of counseling self-efficacy. For example, one of the items states, "Notice non-verbal client behaviors that will help you better understand his or her feelings". The participants check the item if they believe they can presently perform that particular counseling skill. The participants indicate on a range of No Confidence, representing the score of 0 to Complete Confidence representing the score of 100. The total level scores range from 0 to 1, totaling 33. Higher scores indicate a higher confidence in one's ability to perform the skills that is greater than those with lower scores. Strength of counseling self-efficacy is measured by the ratings that participants assign to each item in the right hand side of the column of the scale. Adding the total of ratings in the Strength column and dividing that integer by the number of items checked in the Level column determine the total Strength score. Total Strength scores will range from 0 to 100. Higher scores indicate higher levels of self-confidence in each specific behavior and in the entire set of behaviors.

This scale was pilot tested on a sample of 44 students in an introductory counseling course. The test-retest correlations computed on administration 2 weeks apart were .78 for Level and .88 for Strength. The alpha coefficients computed on Strength scores were .95 for the first administration and .97 for the second administration (Baker et al., 1986). Based on these statistics, the instrument seems to have a high internal consistency.

Multicultural Counseling Inventory (MCI)

The MCI, developed by Sadowsky, Taft, Gutkin, and Wise (1993) consists of 40 self-report statements rated on a 4-point Likert scale (4=very accurate, 3=somewhat accurate, 2=somewhat inaccurate, 1=very inaccurate). Using this 4-point scale format, respondents were asked to indicate the degree to which the scale items describe their interaction with clients as a counselor or trainee. The MCI has four sub-scales: Multicultural Counseling Skills (14 items), Multicultural Awareness (10 items), Multicultural Counseling Knowledge (11 items), and Multicultural Counseling Relationship (8 items). The items are scored with a 1, indicating a low multicultural competence and a score of 4, indicating a high multicultural competence. Two research studies consisting of counseling graduate students indicated coefficient alphas in Studies 1 and 2 were as follows: total scale, .90 to .90; Multicultural Counseling Skills (Factor 1), .83 to .81; Multicultural Awareness (Factor 2), .83 to .81; Multicultural Counseling Knowledge (Factor 3), .79 to .78; and Multicultural Counseling Relationship (Factor 4), .71 to .72. The validity of this instrument was demonstrated in Study 1 through expert judgment reliability of item clarity and content through high

interrater agreement (75% to 100%) regarding the relationship of item content to the names given to the four subscales. Criterion-related validity was demonstrated in Study 1, where respondents who worked 50 % or more in the multicultural area scored significantly higher on the multicultural counseling awareness and multicultural counseling relationship subscales than respondents whose counseling work consisted of less than 50% minority service. In a review of multicultural instrumentation, Ponterotto, Reiger, Barrett, & Sparks (1994) found that the MCI is a carefully constructed instrument. The internal consistency is satisfactory and the construct validity as a multidimensional competency assessment has moderate support.

Procedure

Master and doctoral students enrolled in counselor education programs that are accredited by the Council for Accreditation of Counseling and Related Educational Programs (2001) participated in this research study. A sample for this study was used taken from a cumulative list of accredited programs from the official CACREP Internet website. There are currently 189 CACREP-accredited programs listed that span over the South, East, West, and Northern parts of the United States. Within each counselor education program, the CACREP coordinator was invited to participate by formal invitation letter. This invitation letter described the details of the research study along with an informed consent form. The distribution of the letter was transmitted by email. The institutional review board of the participating university approved the research useful outcome data to enhance their educational training, course development, and comprehensive assessment techniques in multicultural counseling courses.

Data Analysis

To address the significance of gender and ethnicity on a counselor education students’ multicultural counseling competency a multiple analysis of variance was used for this research study. The multiple analyses of variance (MANOVA) demonstrated the importance of each of these variables and the practical significance as it related to a counseling student’s multicultural counseling competency.

Results

Gender Identification

Table 1 presents a summary of multivariate analysis of variance for gender and the subscales of multicultural counseling competency. The multiple analysis of variance results did not reveal a significant difference between male and female counselor education students and the set of multicultural counseling competencies, Wilk’s $\lambda = .96$, $F(4,171)=1.71$, $p=.15$, multivariate $\eta^2=.04$. Although, the MANOVA results did not reveal statistical significance, Box’s Test found significant differences in homogeneity of variance-covariance across groups. Because Box’s Test found significant differences, two follow-up tests were utilized. First, Levene’s Test revealed that the assumption of equal variances was not met across groups. From Levene’s Test, a subsequent Welch’s adjusted F value was reported for Multicultural Counseling Skill, $F(1,62.52)=6.88$, $p=.01$. Second, an alternate test of analysis of variance (ANOVA) was conducted to determine significant group differences among four subscales of multicultural counseling competency. Results revealed that males rated themselves significantly higher than females on subscales, Multicultural Counseling Skill, [$F(1,62.52)=62.52$, $p=.01$, $\eta^2=.03$] and Multicultural Counseling Awareness, [$F(1,174)=3.52$, $p=.06$, $\eta^2=.02$] at an alpha level of .05.

Table 1

Summary of Multivariate Analysis of Variance for Gender and Four Subscales of Multicultural Counseling Competency (n=176)

Variable	Test	Prob.	Eta ²
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MCI	Multivariate			Wilk's λ =.96			
				$F(4,171)=1.71$	$p=.15$.04	
Subscale	Group	N	M	SD			
MCS	Male	33	3.50	.30	$*F(1,62.52)=6.88$	$p=.01$.03
	Female	143	3.34	.41			
MCA	Male	33	3.12	.52	$F(1,174)=3.52$	$p=.06$.02
	Female	143	2.92	.56			
MCR	Male	33	3.25	.50	$F(1,174)=1.07$	$p=.30$.01
	Female	143	3.16	.40			
MCK	Male	33	3.31	.36	$F(1,174)=.20$	$p=.66$.00
	Female	143	3.28	.35			

Note: *Because the assumption of equal variances was not met, Welch's adjusted F is reported.

Self Efficacy

Multivariate regression results revealed a significant relationship between the self-efficacy of counselor education students and the set of multicultural counseling competencies, Wilk's λ = .53, $F(4,167)=37.03$, $p=.00$, multivariate $\eta^2=.47$. Results revealed that there is a significant relationship in counselor self-efficacy and the set of multicultural counseling competencies. A multivariate regression showed that counselor education students with higher levels of self-efficacy also rated themselves significantly higher on the set of multicultural counseling competencies. These findings support Hypothesis 7, which stated that there is a relationship between the self-efficacy of a counselor education student and the four subscales of multicultural counseling competency. Table 2 presents a summary of multivariate regression for self-efficacy and the subscales of multicultural counseling competency.

Table 2

Summary of Multivariate Regression for Self-Efficacy and Four Subscales of Multicultural Counseling Competency (n=176)

Variable				Test	Prob.	Eta ²
CSES	Multivariate			Wilk's λ =.53		
				$F(4,167)=37.03$	$p=.00*$.47
Subscale	Correlation	N	M	SD		
MCS					$F(1,170)=144.35$	$p=.00*$.46
	$r=.68*$	172	3.37	.40		
MCA					$F(1,170)=23.29$	$p=.00*$.12
	$r=.35*$	172	2.95	.56		
MCR					$F(1,170)=29.76$	$p=.00*$.15
	$r=.39*$	172	3.18	.43		
MCK					$F(1,170)=19.38$	$p=.00*$.10
	$r=.32*$	172	3.28	.35		

Discussion

The results of this study have provided evidence that the significance of gender identification and the self efficacy are influential for a counselor education student's multicultural counseling competency. Initial analysis did not reveal significant differences between males and females on multicultural counseling competency. However, an additional analysis of data did reveal that male counselor education students rate their multicultural counseling competency higher than female counselor education students on two of the four subscales: Multicultural Counseling Skill and Multicultural Counseling Awareness.

These findings are consistent with those of Dupuy, Ritchie, and Cook (1994), which acknowledge the importance of gender-related differences and their implications for professional counseling. They reveal that counselor education programs should increasingly emphasize sensitivity training in regards to the gender of a counselor and its implications for clients. Gender awareness and training for counselor education students are supported by Arredondo et al., (1996) which advocate the educational training and curriculum that address counseling techniques for gender-related issues. The findings of this research study also concord with the standards and objectives of the Council for Accreditation of Counseling and Related Educational Program (CACREP, 2001) by suggesting that gender awareness and the recognition of gender differences in counseling are an integral part of a counselor's education and training. Supervision is an important part of a counselor education student's growth and development. Gender awareness and training may reflect recommendations made to create LGBT-affirmative training environments by advocating for LGBT-related research and service, and discussions of LGBT issues in counseling (Phillips, 2000). This research study regarding the influence of gender in counseling affirms and supports previous studies that revealed importance to the implications of gender related issues in counseling and supervision. For the purposes of this study, it is important to recognize that gender differences in counselor education students influence their multicultural counseling competency.

The findings from this study reflect previous research studies of general counselor self-efficacy (Kaczmarek, Barclay, & Smith, 1996; Nelson & Neufeldt, 1998; Spruill & Benshoff, 2000) that suggest counselor competency is developed in settings where critical thinking skills are related to real-world activities. These real-world activities for counselors may include working with a culturally diverse population of clients. Bradley and Fiorini (1999) found that the ability of counselors to identify their counseling skills and their confidence to use those skills in real life settings has a direct influence on the quality of counseling services they provide. The application of counselor self-efficacy is inclusive to multicultural settings and culturally diverse populations. One of the most commonly used courses for clinical instruction is internship. Larson and Daniels (1998) reported that counseling work and clinical internship account for 43% of the variance in counselor self-efficacy. Heidel (1999) found that internship experiences have a positive impact on a student's self-efficacy in the practice of counseling. The current research study revealed strong correlations between counselor self- efficacy and multicultural counseling competency. The nature of the supervisory relationship draws similarities and is supportive to the incorporation of ethnic differences between the clinical supervisor and the supervisee; consequently, making the relationship stronger.

In support of the current findings, Tang et al. (2003) found that students from CACREP-accredited programs have higher self-efficacy in counseling adjustment reactions, using a clinical interview, and counseling anxiety reaction than students from non-accredited programs. In a study, by Constantine (2001) results found that clinical supervision with a multicultural focus enhanced a supervisee's self-efficacy for multicultural counseling. The results of this study are consistent with previous studies (Ladany, Ellis, & Friedlander, 1999; Larson, et al. 1992) that suggested counselor self-efficacy has been shown to increase as counselor trainee's progress through a counseling field experience. The relevance of these research studies suggests that accredited counselor education programs are incorporating counselor self-efficacy as an important factor for the acquisition and competency in multicultural counseling.

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Questionnaire Surveys

Counselor Self-Efficacy Scale

Listed below are 33 desirable counseling behaviors. Imagine that you are about to sit down and counsel a real client in a helping relationship where that person expects you to provide professional counseling for him or her.

Which of the following counselor behaviors could you perform as of right now? Please go through the list and place a check to the left of each behavior, which, in your judgment, you could perform as of now. Next, think about your level of confidence in your ability to perform each behavior that you checked, and place a number in the blank to the right of the item indicating the degree of confidence in your ability to successfully perform that behavior. Use the following scale to make your ratings.

0	10	20	30	40	50	60	70	80	90	100
No				Moderate					Complete	Confidence
Confidence				Confidence						

You must use one of the numbers listed above (i.e., 0, 10, 20, etc.) to make your ratings. Notice that all ratings after “0” represent increasing levels of confidence.

Counseling a Role-playing ‘Client’ During a Staged Interview

Left Column

Strength Column

1. Verbally invite the client to talk about whatever he or she wants to share.
2. Sit facing the client squarely during the interview
3. Maintain an open body posture during the interview (e.g., arms and legs uncrossed).
4. Sit with your upper body leaning slightly toward the client during the interview.
5. Behave in a free and spontaneous manner during the interview.
6. Use smiles and nods to encourage the client to talk.
7. Use verbal ‘um-hmms” to encourage the client to talk.
8. Accurately perceive (in your mind) the “themes” in what the client is talking about.
9. State to the client briefly your understanding of the content of his/her “themes.”
10. Ask questions in an “open-ended” manner that encourage the client to explore thoughts and feelings.
11. Accurately perceive (in your mind) the feelings the client is experiencing.
12. State to the client your understanding of his/her feelings.
13. When you get confused, get the client to clarify things in a manner that does not cause the client’s thought pattern to change.
14. Remember what the client has said earlier in the interview.
15. Summarize the client’s thoughts and feelings for him/her.
16. Help your client to be specific rather than general or vague in his/her comments.
17. Notice nonverbal client behaviors that will help you better understand his/her feelings.
18. Notice what a client is implying from things he/she is saying.
19. Accurately inform the client of what you think was implied.
20. Share experiences from your life in a manner that will not interfere with the client’s attempt to clarify his/her problems.
21. Notice discrepancies among client comments and behaviors when they occur.
22. Constructively confront the client with discrepancies among comments and behaviors.
23. Notice when something between you and clients is interfering with communications between the two of you.

24. Inform clients about your observations of the interference mentioned above (item 22) in a manner that expresses your feelings and also enhances the counselor-client relationship.
25. Share information with clients in a manner he or she informs them while not insulting their intelligence.
26. Help the client to establish outcome goals for the counseling relationship.
27. Figure out a treatment plan for the client once the goals have been set.
28. Understand the source of irrational thoughts expressed by the client.
29. Help the client to reconstruct irrational thoughts.
30. Help the client to make a rational decision when more than one choice occurs.
31. Role play someone in the client's life in order to help the client to practice responses during a counseling session.
32. Respond to client resistance effectively.
33. Close an interview in a manner that sets up a follow-up interview successfully.

Multicultural Counseling Inventory (MCI)

The following statements cover counselor practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings that you actually believe to be true rather than those that you wish were true.

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

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

When working with minority clients:

1. I perceive that my race causes the clients to mistrust me.
2. I have feelings of overcompensation, over solicitation, and guilt that I do not have when working with majority clients.
3. I am confident that my conceptualization of client problems does not consist of stereotypes and value oriented biases.
4. I find that differences between my worldviews and those of the clients impede the counseling process
5. I have difficulties communicating with clients who use a perceptual, reasoning, or decision making style that is different than mine.
6. I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures in my understanding of different minority cultures.
7. I use innovative concepts and treatment methods.

8. I manifest an outlook on life that is best described as "world minded" or pluralistic.
9. I examine my own cultural biases.
10. I tend to compare client behaviors with those of majority group members.
11. I keep in mind research findings about minority clients' preferences in counseling.
12. I know what are the changing practices, views, and interests of people at the present time.
13. I consider the range of behaviors, values, and individual differences within a minority group.
14. I make referrals or seek consultations based on the clients' minority identity development.
15. I feel my confidence is shaken by the self-examination of my personal limitations.
16. I monitor and correct my defensiveness (e.g., anxiety, denial, anger, fear, minimizing, and overconfidence).
17. I apply the sociopolitical history of the clients' respective minority groups to understand them better.
18. I am successful at seeing 50% of the clients more than once, not including intake.
19. I experience discomfort because of the clients' different physical appearance, color, dress, or socioeconomic status.
20. I am able to quickly recognize and recover from cultural mistakes or misunderstandings.
21. I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests).
22. I have experience at solving problems in unfamiliar settings.
23. I learn about clients' different ways of acculturation to the dominant society to understand the clients better.
24. I understand my own philosophical preferences.
25. I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students).
26. I am able to distinguish between those who need brief problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy.
27. When working with international students or immigrants, I understand the importance of the legalities of visa, passport, green card, and naturalization.

Evaluate the degree to which the following multicultural statements can be applied you.

28. My professional or collegial interactions with minority individuals are extensive.
29. In the past year, I have had a 50% increase in my multicultural caseload.
30. I enjoy multicultural interactions as much as interactions with people of my own culture.

31. I am involved my advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multicultural skilled counselors, racial and ethnic minority counselors, minority professional leadership, and outpatient counseling facilities).
32. I am familiar with nonstandard English.
33. My life experiences with minority individuals are extensive (e.g., via ethnically integrated neighborhoods, marriage, and friendship).

When working with all clients

34. I am effective at crisis interventions (e.g., suicide attempt, tragedy, broken relationship, tragedy, broken relationship).
35. I use varied counseling techniques and skills.
36. I am able to be concise and to the point when reflecting, clarifying and probing.
37. I am comfortable with exploring sexual issues.
38. I am skilled at getting a client to be specific in defining and clarifying problems.
39. I make my nonverbal and verbal responses congruent.