

Article 4

Examining Self-Awareness and Perceived Multicultural Competency: Recommendations for Practitioners and Educators

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Abstract

The extent to which counselor trainees acquire multicultural competency throughout their training has not yet been determined (Chao, 2012). There exists consistent recommendations in the literature for development of self-awareness among counselors (Fauth & Williams, 2005). The foundation of multicultural competency acquisition is derived in one's personal self-awareness (Sue, Arredondo, & McDavis, 1992). However, the nature of self-awareness as a construct that informs multicultural competency is absent in the research literature. This study examined the self-reported multicultural competency and self-awareness of 65 counselors-in-training (CITs) using the Multicultural Counseling Inventory (MCI) and Self Conscious Scale Revised (SCS-R). The study results indicated that CITs perceived themselves to possess a greater multicultural competency upon completing a multicultural training course. However, there was no difference in perceived competency based on credit hours completed or practical experience. CITs of color rated their ability to develop relationships with diverse clients higher than White CITs. Regarding self-awareness, CITs who reported dispositions toward self-rumination held a consistent negative correlation across all areas of multicultural competency. Recommendations for educators and future research are included.

The civil rights movement of the late 1960s and early 1970s, coupled with large fluctuations in the cultural makeup of the United States, increased the need for counselors to develop standards for initiating in cross-cultural counseling relationships. In the early 1990s, Sue, Arredondo, and McDavis (1992) developed multicultural counseling competencies, describing standards for counselors to work in cross-cultural relationships. The standards were later operationalized for use in counselor training programs and organizations (Arredondo et al., 1996). Multicultural counseling competencies (MCC) refers to one's ability to work effectively with diverse clients in three areas: (a) attitudes and beliefs; (b) knowledge; and (c) skills (Arredondo et al., 1996; Sue et al., 1992). Since the development of the MCC, this practice has appeared in the professional ethical standards (American Counseling Association [ACA], 2014; American Psychological Association [APA], 2003), training program curriculums (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009), and licensing standards of the counseling profession. Rather than a specialty, multicultural competence has received consistent integration in general counseling competence (Hays, 2008).

Theorists advocate for education in cross-cultural counseling knowledge and skills to be equipped for working with individuals from diverse backgrounds (Arredondo et al., 1996; Sue et al., 1992). However, Chao (2012) argued that education alone does not equip counselors to demonstrate the complex skill set that shapes MCC development. Self-awareness is stressed in the literature as a desirable attribute for counselors to possess (Fauth & Williams, 2005; Jennings & Skovholt, 1999). Self-awareness may address the gap between education and development of multicultural competency. In the original publication of the MCC, Sue et al. (1992) stressed that counselors must attain an awareness of themselves and their own culture before hoping to understand the culture of others. Despite the belief in acquiring awareness as a pretext for developing MCC, there exists a lack of research related to the role self-awareness holds with cultural competencies in counseling.

Self-awareness, a form of consciousness, describes a perspective of oneself regarding beliefs, performance, behaviors, and evaluation. A commonly agreed upon definition of self-awareness is, "the capacity to focus attention on oneself, and thus to self-evaluate whether it be in a positive or negative affirmation" (Silvia & O'Brien, 2004, p. 475). In the counseling profession, self-awareness is linked to reflective ethical decision making, counselor training pedagogy, and counselor self-efficacy (Evans, Levitt, & Henning, 2012). The purpose of this study was to investigate the perceived self-awareness and multicultural competence of counselors-in-training (CIT), and their relation to training and practical experience. More specifically, we were interested in whether there was a relationship between components of self-awareness and multicultural competency. Further, we wanted to examine any relationships between CITs' counseling experiences and their perceived competency. Recommendations for future research, education, and counselor training philosophies are discussed.

Multicultural Competence and Self-Awareness

Individuals of underrepresented populations are more likely to experience poverty, institutional oppression, prejudice, and discrimination (Sue & Sue, 2008). Researchers have consistently reported that based on these stressors, ethnic minorities are

more likely to be diagnosed with a mental illness. Further, racially ethnic minorities are more likely to underutilize mental health services (e.g., terminate treatment prematurely), than their white counterparts (Cokley, McClain, Enciso, & Martinez, 2013; Sue & Sue, 2008). In one study, Constantine (2002) surveyed over 100 ethnic minority students receiving counseling services. Students who reported satisfaction with the client/counselor relationship also reported a higher contentment with the counseling experience, possibly indicating a greater multicultural competency among the counselors. It is important to note that cultural demographics in the United States are continuing to shift. As a result, counseling and mental health professionals must be prepared to provide competent and effective services to clients from diverse populations (ACA, 2014; Arredondo & Toporek, 2004). Thus, acknowledging that individuals from diverse populations are grossly underserved is a serious point of concern. The counseling profession must continually examine how to develop MCC in order to equip counselors with the skills to address the needs of a shifting client population and reinforce ethical principles.

Although researchers have attempted to examine and identify factors linking training with MCC, there is little information available that describes a consistent and grounded acquisition of cultural competency in counseling (Chao, 2012). The lack of research, Atkinson and Israel (2003) noted, is reducing the creativity applied to MCC research questions and counseling practice. However, researchers have come to know MCC competencies, attitudes/beliefs, knowledge and skills are possibly linked to a combination of multicultural training, experiences working with people from diverse backgrounds, and identification as an ethnically diverse individual (Holcomb-McCoy & Myers, 1999; Vereen, Hill, & McNeal, 2008; Vinson & Neimeyer, 2000).

Related to awareness, Silvia and O'Brien (2004) proposed that self-awareness may be a useful attribute for educators to focus upon in counselor training programs. In fact, self-awareness could help to address the gap between education and a counselor's ability to form a helping relationship with his or her clients (Fauth & Williams, 2005; Hansen, 2009). As mentioned previously, experts argue that the first step to acquiring MCC, regardless of personal identification, is becoming aware of one's own cultural worldview and how worldview shapes one's values, biases, and overall impression of the world (Richardson & Molinaro, 1996; Sue et al., 1992).

Regarded as a tool to manage countertransference (Gelso & Hayes, 2001), a high self-awareness is often attributed to expert counselors with years of experience (Jennings & Skovholt, 1999). However, the focus has shifted to training programs with recommendations for counselor educators to consider how to incorporate application and experiential learning opportunities for CITs to expand their self-awareness (Evans et al., 2012). In the few, albeit dated, pieces that pertain to self-awareness in the context of MCC (McRae & Johnson, 1991; Richardson & Molinaro, 1996), the authors argued that counselor training programs rarely address self-awareness as it relates to MCC, and this could be a result of the profession's focus on the acquisition of knowledge and skills as opposed to self-reflection and exploration. A more recent discussion argues that programs implement diversity training in one or two courses and place less emphasis on the increased experiences and personal awareness growth for developing cultural competency (Vereen et al., 2008). The 2009 CACREP standards consist of many statements related to self-awareness growth among counseling students, particularly in

regard to cultural competency. However, the most recent draft of the 2016 CACREP standards makes no mention of self-awareness development toward diversity training in counseling programs.

Past research (Williams & Hill, 1996; Williams, Polster, Grizzard, Rockenbaugh, & Judge, 2003) suggested that a high self-awareness can be distracting for the client and counselor; specifically, counselors can be too focused on themselves in session at the expense of the client. However, in a later study, Fauth and Williams (2005) found in-session self-awareness to mutually benefit the counselor and client. Further, Silvia and Phillips (2004) examined performance and self-evaluation and determined that positive self-evaluations led to performance improvements. Individuals who rated themselves negatively on a self-evaluation demonstrated little to no improvement in future projects, suggesting that rumination and negative self-reflection can impede one's performance. Another self-evaluative study by Joireman and Hammersla (2002) found that rumination negatively correlated with the personal characteristics of perspective taking, empathy, and self-esteem. For counselor training programs, it is often recommended that students participate in personal counseling and self-growth activities to increase self-awareness (Burwell-Pender & Halinski, 2008; Gladding, 2008; Remley & Herlihy, 2010). These types of experiential training opportunities promote value and bias reflection for CITs (Evans et al., 2012). Further, recommendations that the counseling profession explore methodologies which promote self-reflection, such as transformational learning, independence, and critical thinking to prepare CITs for work with diverse populations, are being discussed (Evans et al., 2012; Jones, Rivas, & Mancillas, 2009). This manuscript examined 65 CITs that were conveniently sampled from across the United States regarding their self-perceived multicultural competence and self-awareness.

Method

Procedure

Using targeted e-mail recruitment to program coordinators and research requests posted on counseling listservs (Counselor Education and Supervision Network and Alabama Counseling Association listservs), subjects were recruited to participate in the study. Coordinators from 95 counseling master's programs were contacted via e-mail requesting that the coordinator disseminate the link to current students. As a follow-up, the research recruitment e-mail was posted on the listserv to increase subject participation.

Interested CITs were encouraged to select the link embedded in the research request e-mail. Upon selecting the hyperlink, participants were redirected to an informational sheet on Qualtrics informing them of the study and requesting their consent to participate. All consenting subjects were asked to complete demographic information (gender, age, race, professional status, counseling graduate hours completed, and whether the program they were attending or had attended was CACREP accredited). After responding to demographic information, respondents were redirected to the two assessment instruments.

Measures

Multicultural Counseling Inventory (MCI). The 40 items of the MCI are composed to assess multicultural competence with regard to the model identified by Sue et al. (1992). The scale is measured on a 4-point Likert-type scale ranging from *very inaccurate* (1) to *very accurate* (4). The MCI identifies competencies in four domains for working with diverse populations: skills, awareness, relationship, and knowledge (Sodowsky, Taffe, Gutkin, & Wise, 1994). As noted by Ponterotto, Rieger, Barrett, and Sparks (1994), the measure has a reported reliability in two studies of: total scale, .90 and .90; Multicultural Counseling Skills, .83 and .81; Multicultural Counseling Awareness, .83 and .81; Multicultural Counseling Knowledge, .79 and .78; and Multicultural Counseling Relationship, .71 and .72. The measure was reported to have a criterion validity of an inter-rater score of 75%–100% and content validity where participants working primarily with diverse populations scored higher on the measure than those who had limited experience (Sodowsky et al., 1994).

The Self Consciousness Scale-Revised (SCS-R). The measure is a 22-item instrument on a 4-point Likert-type scale; *not at all like me* (0) to *a lot like me* (3). Derived from Duval and Wicklund's (1972) definition of self-awareness, the SCS-R measures three domains of self-consciousness: private self-consciousness (PRSC), public self-consciousness (PbSC), and social anxiety (SA). The scale has a reported reliability of: PRSC, .75; PbSC, .84; and SA, .79. Further, in a test-retest reliability, the subscales were recorded as follows: PRSC, .76; PbSC, .74; and SA, .77 (Scheier & Carver, 1985). A measure of self-consciousness is an accurate depiction of self-awareness as the two terms are interchangeable in what they describe (Morin, 2011; Trapnell & Campbell, 1999). In the literature, Martin and Debus (1999) conducted a factor analysis to unravel contradictory statements within the PRSC subscale. Measuring 498 students, two constructs emerged from the PRSC subscale under confirmatory factor analysis, which they conceptualized as: monitoring of specific aspects of self (MSS) and rumination on general self (RGS). Both RGS and MSS are derived by summing items 1, 2, and 3 to derive R and items 5, 6, 7, 8, and 9 to derive MSS. MSS is described as a self-regulation of internal process illustrated by the item, "I often daydream about myself." RGS, represented by the following item, "I'm always trying to figure myself out," describes a maladaptive reflection on the self that negatively affects one's behavior. Item 10, "I'm concerned about my style of doing things," is removed from the computation in the model (Martin & Debus, 1999). The factors confirm well with previous studies that factored PRSC using the original Self Consciousness Scale (SCS; Anderson, Bohon, & Berrigan, 1996; Burnkrant & Page, 1984; Mittal & Balasubramanian, 1987).

Reliability

A Cronbach's Alpha was conducted to examine the reliability of the MCI subscales (Skills=.73; Awareness=.77; Relationship=.66; Knowledge=.70) and the SCS-R subscales (Public SC=.75; Social Anxiety=.75; Rumination on General Self=.44; Monitoring of Specific Aspects of Self=.40). Although overall reliabilities are lower than the original measure studies, this could be attributed to a lower response rate and external demographic variables among CITs.

Participants

CITs were randomly sampled from convenience to participate in the study. After excluding incomplete surveys, a total of 65 participants were used for the final analysis. Incomplete surveys were comprised of little to no completion of either the SCS-R or MCI. CITs, $N=51$, reported having taken a class for counseling diverse populations (78.5%); while $N=14$ (21.5%) reported having not yet taken a class for counseling diverse populations. The participants self-reported their race/ethnicity as White ($N=39$), African American ($N=15$), Asian American ($N=1$), Latino/Hispanic ($N=4$), Multiracial ($N=3$), and Other ($N=3$). Subjects reported their age as 20–26 ($N=25$), 27–35 ($N=25$), 36–45 ($N=9$), 46–55 ($N=5$), and 56–65 ($N=1$). Respondents’ current region of United States residence included: South, Midwest, West Coast, and North Central. CITs identified their academic disciplines as Clinical Mental Health Counseling (70.8%) and School Counseling (29.2%). Specific information regarding the counselor-in-training subjects can be found below (Table 1).

Table 1

Demographic Information

Demographics	CACREP	Non-CACREP	N
Counselor in Training	52	13	65
Female	48	11	59
Male	4	2	6
Clinical Mental Health Counseling	39	9	48
School Counseling	13	4	17
Class in Diversity Counseling	40	2	42
0–12 Credits	10	4	14
15–30 Credits	9	3	12
33–45 Credits	13	4	17
48–60 Credits	16	2	18
61+ Credits	4	0	4

CIT subjects described their experiences in practicum/internship with diverse populations using an open-ended comment box. Experience working with diverse populations included racial and ethnic minorities, individuals from low socioeconomic statuses, individuals with disabilities, sexual and gender minorities, veterans, and the prison population. The subjects’ responses can be found in Table 2.

Results

Multicultural Counseling Inventory (MCI). For convenience, averages for each subscale score were computed to reflect the 4-point Likert scale. Higher mean scores indicate higher self-reported multicultural competency in the respective subscales. The

scale midpoint, 2.5, indicates that the participants, as a whole, indicated high competency across the subscales Skills ($M=3.18$; $SD=.38$); Awareness ($M=2.97$; $SD=.51$); Knowledge ($M=3.22$; $SD=.37$); Relationship ($M=3.09$; $SD=.44$); and composite MCI ($M=3.12$; $SD=.32$). Overall, respondents perceived themselves to be most competent in the component area of Knowledge.

Table 2

CIT Practicum and Internship Experiences

<i>Program</i>	<i>Population</i>	<i>Frequency</i>
Clinical Mental Health	Low Socioeconomic Status	9
	African American	7
	Hispanic/Latino	6
	LGBTQ	3
	Individuals with Disabilities	3
	Refugee and Immigrant	3
	Male Clients	2
	Asian American	2
	Prison Inmates	1
	Multiracial American	1
	Hospice Clients	1
	Children in Foster Care	1
	American Indian	1
	Adolescents in Urban Setting	1
	Religious Minorities	1
	Veterans	1
	Homeless	1
School	African American Students	2
	Latino American Students	2
	Inner-City School	1
	Title 1 School	1

The Self Consciousness Scale-Revised (SCS-R). Averages were computed for the SCS-R. A scale midpoint of 1.5 indicates participants reported lower Social Anxiety ($M=1.32$; $SD=.64$) while reporting higher dispositions toward Public Self-Consciousness ($M=1.84$; $SD=.53$), Monitoring Specific Aspects of Self ($M=1.66$; $SD=.46$), and even higher tendencies to Ruminates on General Self ($M=2.03$; $SD=.65$).

Analysis

An independent samples t-test was conducted to examine group differences in MCC between demographic variables of race, program credit hours, and whether CITs had taken a course in counseling diverse populations; reported results meet Levene’s criteria. There were no significant differences in multicultural competence for three of the four MCI subscales (Awareness, Knowledge, and Skills) between White CITs ($N=39$) and

CITs identifying as racial minorities ($N=26$). There was statistical significance on the Relationship Subscale suggesting that CITs from diverse populations ($M=3.25$; $SD=.41$) reported a higher capacity to formulate a relationship with a diverse client ($t(63) = -2.43$; $p=.02$; $d=.62$) than their White peers ($M=2.99$; $SD=.43$). Subjects who reported having completed a class on counseling diverse populations ($N=51$) and those who had not taken such a class ($N=14$) were compared across the MCI subscales. CITs who took a diversity course ($M=3.23$; $SD=.37$) reported a significantly greater competency in the subscale Skills ($t(63) = 2.13$, $p=.03$; $d=.09$) than those reporting no instruction ($M=2.99$; $SD=3.45$). There were no significant differences in the other three subscale scores between the two groups (Awareness, Relationship, and Knowledge). An analysis to examine significant differences between groups with 0–30 credit hours completed ($N=27$) and 33–61+ hours completed ($N=38$) yielded significantly higher competency in the subscale Awareness $t(63) = -2.14$, $p=.04$; $d=.53$ among CITs holding greater than 30 completed credit hours ($M=3.08$; $SD=.47$) compared to those reporting 30 hours and less ($M=2.81$; $SD=.53$). There were no significant differences in the other three subscales between the two groups (Relationship, Skills, and Knowledge), and the MCI composite score.

A bivariate correlation was conducted to examine the predictor variables across the two assessment instruments. Table 3 displays the bivariate correlations, means, and standard deviations for the four predictor variables of Public-Self Consciousness (PbSC), Social Anxiety (SA), Rumination on General Self (RGS), and Managing Specific Aspects of Self (MSS); and, the four subscales of the Multicultural Counseling Inventory, Skills, Awareness, Knowledge, and Relationship. Additionally, a composite score from the MCI was included in the analysis.

Table 3

Means, Standard Deviations, and Intercorrelations of Self Consciousness Scale Revised (SCS-R) and Multicultural Counseling Inventory (MCI)

Subscales	Intercorrelations								
	1	2	3	4	5	6	7	8	9
RGS									
MSS	.46**								
PbSC	.37**	.57**							
SA	.55**	.59**	.22*						
Skills	-.27*	.06	.11	-.26*					
Awareness	-.26*	-.09	.10	-.30*	.52**				
Knowledge	-.15	-.01	.24*	-.16	.59**	.62**			
Relationship	-.31*	-.28*	-.08	-.40**	.29*	.30**	.24*		
MCI	-.33**	-.10	-.08	-.37**	.78**	.84**	.81**	.56**	
M	2.03	1.66	1.84	1.32	3.18	2.97	3.22	3.09	3.12
SD	.654	.469	.536	.647	.380	.512	.370	.440	.327

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

The variable RGS demonstrated consistent negative correlations with three of the four multicultural counseling subscales, the MCI composite score, and no significant

correlation with the MCI Knowledge subscale. Additionally, the subscale for social anxiety produced significant negative correlations with three of the four multicultural counseling subscales, the MCI composite score, and no significance with the MCI Knowledge subscale. PbSC held a small positive correlation with the MCI Knowledge subscale. CITs as a whole identified themselves to be multiculturally competent in all measured areas. The construct MSS yielded no significant relationships between the MCI and three of the four subscales. A small negative correlation ($r = -.28$) was found between MSS and the MCI Relationship subscale.

Discussion

The objective of this present study was to examine CITs MCC, self-awareness, and any relationships between the constructs. A previous study by Silvia and Phillips (2004) demonstrated that self-awareness, regarding internal outlook, positively impacted one's future performance. In addition, the content of one's self-awareness, positive or negative, in the midst of a counseling session can dramatically affect the application of skills (Fauth & Williams, 2005). Acknowledging MCC, Sue et al. (1992) and Richardson and Molinaro (1996) argued that self-awareness is a necessary pretext for developing multicultural competency and that simply possessing knowledge is insufficient. In this study, the results suggest that a disposition toward self-rumination, the destructive form of self-awareness, is negatively associated with one's self-reported multicultural competency. While RGS is negatively associated with the experiential components of multicultural competency (Awareness, Skills, and Relationship) and lacks no significance with Knowledge (perhaps due to Knowledge being a dimension where one refrains from self-evaluating their performance), the outcome held consistent when Knowledge was paired with social anxiety. In addition it is pertinent to note that overall self-reported MCC, as measured by the MCI, is negatively associated with self-rumination, indicating an overarching influence on scores. Interestingly, MSS yielded no positive predictors among self-reported multicultural competency and held negative cohesion with the Relationship subscale.

In a study, Holcomb-McCoy and Myers (1999) found that the demographic variable of race contributed to increases in multicultural competency. In the present study, CITs representing diverse groups perceived themselves to better develop and manage counseling relationships with diverse populations. Additionally, an inference can be made that courses on counseling diverse populations have some impact on the application of multicultural counseling skills. However, the result would have more weight if Knowledge subscale scores were significantly correlated with a diversity course, and they are not. As far as curriculum experience, while those with more curriculum hours held higher levels of Awareness, the lack of discrepancy in the other three subscale scores (Knowledge, Skills, and Relationship) is concerning, as one would infer that more training equals somewhat higher competency overall.

Limitations

One of the limitations of the present study is the self-reported nature of multicultural competency. Social desirability has been shown to influence self-reported MCC.

Although the MCI attempts to control for social desirability tendencies, a coinciding measure would provide a more accurate depiction of MCC (Constantine & Ladany, 2000). A second limitation is that while the SCS-R demonstrates the capabilities to measure constructs such as rumination, there are more precise scales; specifically, the Rumination-Reflection Questionnaire (Harrington & Loffredo, 2011). A third limitation is that the response rate is very low for the method, and a much a higher sample size could add credence to the results. In the future we, the researchers, hope to replicate the study to address sample size limitations. A fourth limitation, we believe, is the lack of stable characteristics between the sampled populations. Many of the students are at varying phases of their programs, generating multiple variables. This contributes toward students' reported MCC, and possibly factors into discounting the role self-awareness plays. Regardless, the results offer insight toward future exploration of MCC paired with self-awareness.

Recommendations for Future Research and Counselor Educators

The authors encourage further exploration of MCC in counseling and the variables that contribute toward their acquisition and application. The construct is integral to counselor development and sits as an ethical guide and obligation for counselors. We feel most important are those studies that contribute toward strategies that can be used in counselor education to develop CIT multicultural competency. Process versus content has been argued as being principal toward fostering the growth and development of counselor trainees (Guth, Lopez, Rojas, Clements, & Tyler, 2005; Vereen et al., 2008). Process interventions, used for increasing personal awareness, have been shown to have an impact on multicultural awareness, knowledge, and skills (Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001).

We, the researchers, look toward process interventions as those being most effective for increasing self-awareness and provide three directions for interventions. First, the use of self-reflection in counselor training and examining its role in multicultural training provides insight toward the process of development of self-awareness alongside MCC in counselor training. Second, an exploration of the critical events that contribute toward acquiring MCC could yield specific answers toward how counselors develop the competencies. Finally, exploring the impact of negative rumination on one's ability to perform as a multicultural counselor should be further examined. As the demographics within the United States continue to diversify, it is important for counseling programs to prepare competent and effective cross-cultural counselors. It is hoped that studies like this provide perspectives to expand pedagogy methods and increase the effectiveness of training programs and counselors.

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