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Investigating counselor training environment, awareness of privilege, and social dominance orientation as predictors of counselor trainees' self-reported multicultural competencies

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INVESTIGATING COUNSELOR TRAINING ENVIRONMENT, AWARENESS OF
PRIVILEGE, AND SOCIAL DOMINANCE ORIENTATION AS PREDICTORS OF
COUNSELOR TRAINEES’ SELF-REPORTED MULTICULTURAL COMPETENCIES

by

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Investigating Counselor Training Environment, Awareness of Privilege, and Social Dominance Orientation as Predictors of Counselor Trainees’ Self-Reported Multicultural Competencies

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Melanie M. Lantz

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Acknowledgements

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As a first-generation college student for whom, at one time, earning even an Associate’s Degree seemed like a reach, it is overwhelming to me that I have achieved my dream of earning a Ph.D. and becoming a psychologist. My journey toward this dream would not have been possible without the support of innumerable mentors, friends, and loved ones along the way.

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Abstract

Despite the elapsed 33 years since the delineation of the Multicultural Counseling Competencies (Sue et al., 1982), little is known about factors that may facilitate the development of multicultural competence in counselors and counselor trainees. As a first step toward greater empirical understanding of multicultural competence and training, the present study sought to examine 3 predictors of counselor trainees’ self-reported multicultural competencies. It was hypothesized that trainees’ Social Dominance Orientation, as measured by the Social Dominance Orientation Scale (SDO, Sidanius & Pratto, 1999); Awareness of White Privilege, as measured by the White Privilege Awareness subscale of the Privilege and Oppression Inventory (POI; Hays, Chang, & Decker, 2007); and the Multicultural Training Environment of trainees’ graduate programs, as measured by the Multicultural Environmental Inventory—Revised (MEI-R; Pope-Davis, Liu, Nevitt, & Toporek, 2000), would significantly contribute to their self-reported multicultural competencies, both together and individually. Counselor trainees (N = 362) from doctoral and Master’s-level training programs in the U.S. and Canada completed the online survey. Awareness of White Privilege and Multicultural Training Environment were supported as predictors of trainees’ self-reported multicultural competencies, and social dominance orientation was partially supported, suggesting that each predictor bears an important relationship with self-reported multicultural competencies; that is, lower social dominance orientation, higher awareness of white privilege, and greater perceived attention to multicultural issues in the graduate training environment were related to higher self-reported multicultural competencies amongst counselor trainees. More importantly, however, significant measurement issues in the field of multicultural competence were encountered; thus, while these three predictors of self-reported multicultural competencies are important to theory building, it is
posited that research on the multicultural competencies cannot move forward until these substantial measurement issues are addressed.
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Chapter I

Introduction

The U.S. population is becoming increasingly diverse, and, as a result, so are the client populations seen by counselors in the U.S. (U.S. Census Bureau, 2011). Racial diversification in the U.S. has led the U.S. Census Bureau to note that the U.S. is becoming a plurality, meaning that no single racial group will comprise 50% or more of the total or a local population; by 2013, several counties were already considered pluralities (Devine & Ortman, 2014). Despite the increasing racial diversity of the population and thus, potential client populations, clients from racial and ethnic minority groups tend to drop out or terminate counseling at much higher rates than do White clients (Sue & Sue, 1999), suggesting that many counselors may not be effective at addressing their unique psychosocial concerns. Accordingly, there has been an increased emphasis in the field on ensuring that counselors are well trained to work with culturally diverse clients (Metzger, Nadkarni, & Cornish, 2010). Indeed, recognition of the increased diversity in the U.S. population stimulated the emergence of a multicultural perspective on counselor training, which Pedersen (1991) called the “fourth force” in counseling (p. 6).

The aim of all professional training is to ensure the competent performance of trainees. Competence refers to the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2002, p. 226). In the mental health field, counselor trainees need to demonstrate multiple foundational and functional competencies, or subsets of competence (Fouad et al., 2009; Ridley, Mollen, & Kelly, 2011; Rodolfa et al., 2005), including competencies for working effectively with multiculturally diverse clients (Fouad et al., 2009). In line with this imperative, in order to be accredited by the
American Psychological Association (APA), graduate programs that train professional psychologists need a specific curricular plan for multicultural training and the assessment of multicultural competencies (APA, 2007).

In 1982, Sue et al. developed a list of specific multicultural counseling competencies to guide the professional training of counselors. These competencies include knowledge, including knowledge of particular cultures; awareness, including awareness of one’s biases and worldview; and skills, including culturally sensitive intervention skills (Sue, Arredondo, & McDavis, 1992). Although the research on the multicultural competencies, and multicultural competence more broadly, is often lacking and mixed at best, the importance of these competencies has been underscored by some research indicating that racial and ethnic minority clients tend to be more satisfied in counseling and with their counselors, or evidence better outcomes, when they perceive their therapists as demonstrating stronger multicultural competencies (Constantine, 2002; Fuertes et al., 2006).

Despite mandates by the APA’s Commission on Accreditation (2007) and the Master’s in Psychology and Counseling Accreditation Council (MPCAC, 2014) that training programs attend to multicultural competence by featuring multiculturalism prominently in graduate training, a search of the literature revealed no studies that investigated whether a multiculturally rich training environment for counselors actually contributes to the development of multicultural competencies. Moreover, there have been few studies focused on counselor trainees’ attitudes or beliefs in relation to multicultural competencies, despite the prominence of attitudes in Sue et al.’s (1982) model of multicultural competencies. Some research does indicate, however, that higher levels of multicultural training are related to greater multicultural awareness in white trainees; that higher levels multicultural awareness and knowledge are related to lower levels of
colorblind racial attitudes; and that multicultural training moderates the relationship between multicultural knowledge and colorblind racial attitudes (Chao, Wei, Good, & Flores, 2011; Neville, Spanierman, & Doan, 2006; Spanierman, Poteat, Wang, & Oh, 2008). Thus, given the evidence that perception of one’s counselor’s multicultural competence, which includes knowledge and awareness, may lead to better satisfaction and outcome in therapy for racial and ethnic minority clients; and that training may be facilitative for multicultural competence, and may in fact moderate the relationship between multicultural competence and hindering attitudinal variables; it is imperative that we understand facilitative and hindering mechanisms for multicultural competence. Without knowing what may facilitate or hinder the development of trainee multicultural competence, time and resources may be wasted on ineffective multicultural training that results in therapists unprepared for ethical practice with racially and ethnically diverse clients. The present study was designed to fill this gap by examining three potential predictors of counselor trainees’ self-reported multicultural competencies: counselor trainees’ perceptions of attention to multiculturalism in their graduate training environment, important given accreditation mandates for program attention to multiculturalism (APA, 2007); and two attitudinal factors, social dominance orientation and awareness of privilege, to elucidate trainee attitudes that may be facilitative or hindering when training for multicultural competence.

First, multicultural training environment, as defined by Pope-Davis, Liu, Nevitt, and Toporek (2000), refers to the degree to which a counselor training program deliberately attends to the development of trainees’ multicultural competencies by incorporating didactic education on multiculturalism, providing opportunities for student contact with diverse individuals, and supporting and encouraging the development of knowledge, self-awareness, and skills related to diversity issues, as theorized by Sue et al. (1982). The ways in which programs create a
multicultural training environment include making efforts to ensure minority representation among students and faculty; infusing multicultural materials throughout the curriculum; providing opportunities in practica and internships for trainees to work with diverse clients, colleagues, and supervisors; and by modeling and encouraging research on multicultural topics (APA, 1997; Pope-Davis et al., 2000). Theoretically, each of these ways of attending to diversity can provide graduate students with the opportunity to gain the requisite knowledge and awareness for increasing their multicultural competencies (Pope-Davis et al., 2000). Supporting this view, Constantine (2001) studied 52 counselor trainee-client dyads, and had trained raters rate the trainees’ multicultural competencies based on session transcriptions. Constantine found that the number of multicultural courses trainees had taken was predictive of psychology trainees’ multicultural competencies as rated by observers. Consequently, it is reasoned that trainees who report greater multicultural training opportunities in their program, i.e., a more facilitative training environment, are likely to report relatively greater multicultural competencies for working with marginalized clients, particularly clients of color. That is, multicultural training environment should directly relate to counselor trainees’ self-reported multicultural competencies.

Beyond the training environment, two additional predictors in the present study examined counselor trainees’ attitudes reasoned to contribute to trainees’ multicultural competencies: social dominance orientation and awareness of privilege. Social Dominance Theory (SDT; Sidanius & Pratto, 1999) is a conceptual framework that seems particularly relevant for the development of multicultural competence. SDT provides an explanation for why counselor trainees are not inherently multiculturally competent. That is, as products of the dominant culture, most graduate students enter their training programs with the best of intentions for
working with all clients, but tend to be blind to the barriers that individuals of color, in particular, face due to systemic oppression (Sue et al., 1992). Social dominance orientation, which is the central construct in SDT, is defined as the extent to which a person believes that people are solely responsible for their life circumstances, irrespective of societal oppression (e.g., racism) (Sidanius & Pratto, 1999). Oppression refers to disadvantages that an individual experiences, based on some aspect of his or her identity, such as race or sexual orientation, that results from systemic constraints in the dominant culture, such as laws that deny gay individuals the right to marry (e.g., Adams et al., 2005).

Individuals who are high in social dominance orientation tend to report strong beliefs in meritocracy, such as beliefs that the world is just and fair, and that success is achieved solely through hard work, whereas individuals who are low in social dominance orientation are less likely to endorse these beliefs (Pratto, Sidanius, Stallworth, & Malle, 1994). In other words, individuals who have a relatively higher social dominance orientation tend to believe that most, if not all, individuals have the resources, privileges, and opportunities that they deserve, regardless of their privilege or oppression. Unsurprisingly then, social dominance orientation is well documented to not only be positively related to measures of prejudicial attitudes, but inversely related to empathy (e.g., McFarland, 2010; Sidanius et al., 2012), a fundamentally important factor in psychotherapy.

It is reasoned that in the context of professional counselor training, social dominance orientation would be inversely related with trainees’ multicultural competencies; that is, graduate students who are relatively lower in social dominance orientation may be more aware of systems of oppression in the dominant culture and the barriers faced by racially and ethnically diverse clients than graduate students higher in social dominance orientation. Consequently, it is
theorized that trainees lower in social dominance orientation are likely to report stronger multicultural competencies than trainees who are higher in social dominance orientation.

Awareness of privilege is another attitudinal factor that is likely to contribute to trainees’ multicultural competence. Privilege is defined as the unearned benefits individuals experience on the basis of some aspect of their identity, such as being members of the dominant race in a society (Israel, 2012). Although in the U.S. white privilege (McIntosh, 1988) comes to mind first, privilege is not solely about race. Members of other dominant social groups (e.g., Christians, heterosexuals, able bodied persons) also have a privileged status in society. Moreover, because people have multiple, intersecting identities, an individual may be privileged with respect to race but not with respect to sexual orientation, for example. In the original theorizing of the multicultural competencies, culturally skilled counselors were said to be aware of their own cultural background, values, and biases, as well as knowledgeable about sociopolitical systems of inequality that affect culturally different clients (Sue et al., 1982, italics added). It is reasoned, then, that counselors and counselor trainees must be aware of privilege and understand the role of oppression, or systemic inequalities, in their own lives and the lives of marginalized others. Logically, being aware of privilege is incompatible with having a strong social dominance orientation, as those high in social dominance orientation believe such systemic inequalities do not exist, and that disparities result from differential deservedness (Sidanius & Pratto, 1999). If this is the case, trainees who have difficulty understanding the role of privilege in society are likely to have particular difficulty developing the requisite competencies for working with marginalized clients. Thus, it was expected that counselor trainees’ awareness of privilege would be directly related to their multicultural competencies.
In sum, the present study sought to investigate counselor trainees’ perceptions of their graduate training environment, along with their self-reported social dominance orientation and awareness of privilege, as predictors of their self-reported multicultural competencies. The purpose of the study was to examine theoretically derived predictors of counselor trainees’ self-reported multicultural competencies in the service of informing multicultural training. Although all three predictors are relevant for multicultural competence in working with diverse clients, broadly defined, diversity in this study was limited to race and ethnicity, which are the most widely studied cultural identities within the multicultural competence literature (Metzger, Nadkarni, & Cornish, 2010). The following sections review the literature relevant to graduate training for multicultural counseling competencies, social dominance orientation, and awareness of privilege.

Multicultural Counseling Competencies and Multicultural Training

In their seminal work, Sue et al. (1982) made specific recommendations for graduate training in multicultural counseling competence in response to concerns that (a) training programs were highly inadequate in this regard; and that (b) programs that did incorporate multiculturalism tended to treat diversity content as ancillary. Sue et al. outlined three general areas of multicultural competencies: counselors’ awareness of their own assumptions, values, and biases; understanding the worldview of the culturally different client; and developing appropriate intervention strategies and techniques. Within each of these areas, nine specific competencies were further delineated in terms of beliefs and attitudes, knowledge, and skills, as shown in a 3 x 3 matrix (see Table 1).

Unfortunately, Sue et al.’s (1982) theoretical work, developed based on committee consensus, has not been adequately examined empirically. Numerous authors have provided
thorough reviews and critiques of the extant literature in the areas of multicultural competence, multicultural counseling, and multicultural training, the conclusions of which are similar: empirical examination is extremely limited, the methodologies and instrumentation employed are over-simplistic and even inappropriate for the research questions being asked, and the theorizing behind the multicultural competencies themselves needs to be reconsidered (e.g., D’Andrea & Heckman, 2008; Ridley & Shaw-Ridley, 2011; Worthington & Dillon, 2011; Worthington, Soth-McNett, & Moreno, 2007). First, much of the existing literature on the multicultural competencies and multicultural training is theoretical rather than empirical. D’Andrea and Heckman (2008) noted that it is not unusual for the theoretical foundations of a new paradigm to far outweigh the empirical evidence to support it; however, over three decades later, empirical literature on the multicultural competencies, multicultural counseling, and multicultural training is relatively non-existent considering the widely-accepted fundamental importance of these constructs. Few studies examine the predictors, processes, or outcomes related to these three constructs.

Second, studies that do empirically examine the multicultural competencies or multicultural training have significant limitations to internal and external validity resultant from methodological problems. For example, the majority of studies empirically examining the multicultural competencies employ measures of multicultural competencies that are not only self-report, but also based on the committee-derived Sue et al. (1982) multicultural competencies. The validity of self-reported counselor multicultural competencies has been called into question (e.g., Worthington, Mobley, Franks, & Tan, 2000), and calls made to revisit the original theorizing of the multicultural competencies (e.g., Ridley & Shaw-Ridley, 2011; Worthington & Dillon, 2011). The research designs and instruments used in the multicultural
competencies literature have been criticized as being over-simplistic for the phenomena this research attempts to describe and explain (e.g., Ridley & Shaw-Ridley, 2011). Despite these consistent criticisms of methodology and theory, new research on the multicultural competencies tends to replicate rather than remediate these concerns (D’Andrea & Heckman, 2008).

Still, despite these concerns and mixed results, there is research to suggest that multicultural competence is important to clinical outcomes with culturally different clients, and that multicultural training is important to the development of multicultural competence. In 2007, Worthington and colleagues conducted a content analysis of existing empirical literature on multicultural competencies based on Sue et al.’s framework. Worthington et al. (2007) noted that although research on multicultural competencies had increased consistently over the past 20 years, there remained a paucity of investigations and a lack of diverse methodology. The conclusions of a 40-year review of the multicultural counseling literature by D’Andrea and Heckman (2008) were similar: while there has been an increase in the publication of studies on multicultural counseling, there is still very limited research, and researchers continue to replicate the significant limitations to internal and external validity that undermine this area of research. Nevertheless, Worthington et al. (2007) concluded that there was some evidence to suggest that counselors with greater multicultural competencies tended to have better client outcomes.

Although other research suggests that multicultural competence is not related to clinical outcomes (e.g., Owen, Leach, Wampold, & Rodolfa, 2011), such contradictory results likely stem from conceptual or methodological limitations, such as unexamined moderating variables (Frazier, Tix, & Barron, 2004). Indeed, where inconsistent results were previously found on the relationship between multicultural competencies and race/ethnicity, Chao et al. (2011) found that
level of multicultural training moderated not only the relationship between race/ethnicity and multicultural competencies, but also the relationship between colorblind racial attitudes and multicultural competencies. Thus, inconsistent results in the multicultural competence, counseling, and training literature beg further, novel, and more complex examination.

Additionally, despite limited evidence of the importance of multicultural training for multicultural competence, given the widespread implementation of multicultural training for the express purpose of the development of multicultural competencies, it is important that research attend not only to gaps in the clinical efficacy literature, but to gaps in the training efficacy literature. At present, the APA’s Commission on Accreditation requires doctoral programs in applied psychology to have a “thoughtful and coherent plan” for multicultural training (APA, 2007, p. 10). These accreditation standards refer not only to the requirement that doctoral programs have curricula related to diversity, but also to the training environment itself. The term *multicultural training environment* refers to the extent to which a graduate training program fosters multicultural competencies, welcomes and appreciates cultural differences among students and faculty, and infuses multicultural training into all educational and training experiences (Pope-Davis et al., 2000). That is, accredited doctoral programs in counseling, clinical, and school psychology must demonstrate “respect for and understanding of cultural and individual diversity” (APA, 2007, p. 6).

In sum, although the existing empirical evidence is limited and mixed, there is some evidence to suggest that multicultural training, now widely integrated into training curricula, is important to the development of multicultural competence, and that multicultural competence positively contributes to clinical outcomes with culturally different clients. One component of multicultural training is the multicultural training environment. Because a supportive
multicultural environment is considered essential for facilitating the development of graduate students’ multicultural competencies, trainees’ perceptions of the supportiveness of the training environment in their graduate program is likely to be influential in their self-reported multicultural competencies (Liu, Sheu, & Williams, 2004). Thus, it is reasoned that trainees’ perceptions of their multicultural training environment is one important predictor of self-reported multicultural competencies. As little is known about counselor attitudinal factors that contribute to the development of these competencies, two attitudinal factors, social dominance orientation and awareness of white privilege, were also examined in the present study. Notably, when Arredondo and colleagues (1996) expanded upon and operationalized the multicultural competencies, they specifically noted the importance of counselors’ awareness of their own privilege, as well as counselors’ knowledge and awareness of systemic oppression and discrimination and how these experiences negatively impact clients. Relevant literature related to social dominance orientation and awareness of privilege is reviewed in the following sections.

**Social Dominance Theory and Social Dominance Orientation**

Social Dominance Theory (SDT; Sidanius & Pratto, 1999) is a psychosocial theory of human oppression that was developed to explain systemic oppression (such as discriminatory practices at the institutional level), and how individuals come to participate in systemic oppression (Sidanius & Pratto, 1999). According to SDT, all human societies consist of systems of group-based social hierarchies (i.e., privileged and oppressed groups) and have three types of social hierarchies: an age-based hierarchy, a gender-based hierarchy, and at least one arbitrary set hierarchy (e.g., a race-based hierarchy). A hierarchy based on individual merit may exist in some societies, but according to SDT, all societies have social hierarchies, which are formed on the basis of subgroups within the society. Hierarchies are reasoned to be maintained through
legitimizing myths, defined as cultural beliefs that provide justification for existing inequality (Sidanius & Pratto, 1999). In the U.S., a fundamental legitimizing myth is the myth of meritocracy (Sidanius & Pratto, 1999), which is at the heart of social dominance orientation. According to this myth, if any person works hard enough, he or she can achieve anything (McNamee & Miller, 2009; Sidanius & Pratto, 1999).

The meritocracy myth is problematic when applied to minority group individuals because external, societal factors are overlooked in judging these individuals’ behavior. Reflecting the myth of meritocracy, Sue et al. (1982) noted that, “The belief in ‘rugged individualism’ and that the person is totally responsible for his or her own lot in life hinders a more realistic understanding of the influence of culture and the sociopolitical influences” (p. 47, italics in original). In a later publication, Sue et al. (1992) noted that because the counseling profession is a microcosm of the larger society, it follows that counselors are likely to be as prone as the general public to lay the responsibility for clients’ problems solely on clients themselves. This tendency to attribute a person’s behavior solely to internal factors and overlook external factors is called the fundamental attribution error (Forsyth & Burnette, 2010). Having been socialized in the dominant culture, it is likely that many counselor trainees will make the fundamental attribution error when assessing their clients’ problems. In doing so, they are likely to attribute their minority clients’ problems to internal factors rather than to the external sociocultural pressures and barriers, including race-based oppression. That is, many counselor trainees, as products of the dominant culture, will initially subscribe to the myth of meritocracy, and be relatively higher in social dominance orientation than trainees with greater multicultural competence, and without intervention through training, will be at risk for committing the fundamental attribution error wherein they blame clients for their presenting problems. When
Arredondo and colleagues (1996) provided operationalization of the multicultural competencies, they noted that multicultural competence requires an understanding of systemic oppression and sociopolitical influences, including how both therapist and client are affected—an understanding that would be incongruent with higher social dominance orientation.

Indeed, social dominance orientation is not only considered a strong predictor of prejudicial attitudes, but has been found to be negatively related to empathy in several studies (e.g., Ho et al., 2012; McFarland, 2010; Sidanius et al., 2012), as well as negatively related to multiculturalism (Levin et al., 2012). Empathy is a requisite condition for all psychotherapy, and multicultural competencies considered requisite for ethical practice; if social dominance orientation is inversely related to both empathy and multiculturalism broadly defined, then its relationship with multicultural competencies and training variables should be examined. In addition to fostering lower social dominance orientation through training, raising trainees’ awareness of privilege may be another useful consideration. Notably, and consistent with SDT, gender, race, and political beliefs have been found to correlate with social dominance orientation and other similar socially dominant attitudes such that individuals who are male, white, and identify with conservative beliefs evidence higher social dominance orientation (e.g. Pratto et al., 1994; Pratto, Stallworth, & Sidanius, 1997; Sidanius, Levin, & Pratto, 1996); as a result, gender, race, and political affiliation will be treated as covariates in the present study.

**Awareness of Privilege**

It is reasoned that social dominance orientation, or a belief in the myth of meritocracy, i.e., rugged individualism, is essentially a denial of privilege. Privilege is defined as, “...uneearned advantages that are conferred upon individuals based on membership or assumed membership in a dominant group” (Israel, 2012, p. 166). Thus, counselor trainees who have a
relatively high social dominance orientation and who also lack awareness of privilege may have difficulty developing multicultural competencies. While each of these attitudes alone seems to matter, it may be their combination that most plays a role in trainees’ development of multicultural competencies. Inasmuch as these two attitudes have not yet been examined with respect to multicultural competencies, it is reasoned that they may individually as well as together contribute to the development of multicultural competencies.

White privilege specifically refers to the unearned advantages that white individuals receive as an actual or assumed member of the dominant racial group (Israel, 2012; McIntosh, 1988). Examples given by McIntosh (1988) in her early explication of white privilege include having one’s own (white) race represented widely on television, not being asked to speak on behalf of one’s entire (white) race, and “flesh”-colored makeup or bandages matching one’s own (white) skin. For the purposes of the present study, awareness of privilege was operationalized in terms of awareness of white privilege, as racial bias remains ingrained in American culture, and the measures of both graduate program multicultural training environment and self-reported multicultural competencies refer to diversity in terms of race and ethnicity.

Recently, McIntosh (2012) noted the importance of understanding privilege and oppression together, rather than independently, due to the fact that people have multiple cultural identities and social statuses, some of which (such as being a man) confer privileges, and others of which (such as being a person of color) result in disadvantages, including receiving differential treatment and having less access to resources. In support of this argument, Pratto and Stewart (2012) found that undergraduates did not report having little awareness of oppression; rather, they lacked an awareness of privilege. This finding suggests that counselor trainees who are relatively less aware of their own privilege may have difficulty developing multicultural
competencies for working with diverse clients. Arredondo and colleagues (1996) specifically noted that to be culturally skilled, counselors must be able to understand and articulate the ways in which they personally benefit from privilege, including racial privilege.

Theoretically at least, a person could have a low social dominance orientation yet be unaware of privilege. Although measures of privilege and social dominance orientation are moderately to highly associated (Pinterits, Poteat, & Spanierman, 2009), their underlying constructs are not simply opposite poles of a single continuum, at least conceptually. Rather, the two constructs seem to be complementary. That is, developing an awareness of privilege may be incomplete without an accompanying understanding of (a) how people benefit from systemic inequalities at the expense of others, and (b) that inequalities do not result from a group’s inferiority or a lack of hard work, but rather from cycles of oppression that lead to unequal access to resources and unequal treatment.

**Relationship between Training Environment, Social Dominance Orientation, and White Privilege Awareness**

In the present study, multicultural training environment was hypothesized to contribute uniquely to the development multicultural competencies, because didactic and experiential graduate training within a diverse academic community is considered the primary vehicle for developing multicultural competencies (APA, 2007). Additionally, training environment was also hypothesized to contribute to multicultural competencies in combination with trainees’ self-reported social dominance orientation and awareness of white privilege. Some writers argued that engaging in self-reflection about one’s own sources of privilege needs to be accompanied with the understanding that privilege is not merely individually based, but also rooted in society, since societal norms are based on, and benefit, privileged groups (Wildman & Davis, 1996).
Because most counselor trainees have been socialized in the dominant U.S. culture, it is likely that many of them enter graduate training relatively unaware of the ways in which people are affected by systems of privilege.

It is reasoned that in order to provide supportive and effective training opportunities, faculty and supervisors must also consider the attitudinal factors of trainees that facilitate or hinder their multicultural competencies development. When training for cultural diversity requires students to examine systems of privilege and oppression, which are particularly pertinent for clients of color, students become better able to understand the external factors that contribute to their clients’ problems and counteract the tendency to make the fundamental attribution error. By understanding external societal factors that influence clients of color in particular, trainees learn about the importance of making culturally sensitive interventions for these marginalized clients. Conversely, when multicultural training is not attended to adequately, trainees may not learn to challenge the attitudes of their own socially dominant groups, and thus may unintentionally conceptualize their clients’ problems and how to intervene through a culturally insensitive lens. In other words, it is reasoned that the multicultural training environment contributes to the development of multicultural competencies, and that multicultural competencies are likely to be stronger among students who are aware of privilege, and understand how oppression by dominant social groups affects marginalized people.

**Hypotheses**

The following hypotheses were tested (see Figure 1 for the hypothesized model): First, it was hypothesized that counselor trainees’ report of their graduate programs’ multicultural training environment (MCTE), their self-reported social dominance orientation (SDO), and their self-reported awareness of white privilege (WPA), taken together, would be significantly and
substantially associated with their self-reported multicultural competencies (MCCs) for working with racially and ethnically diverse clients (H1). Specifically, training environment and awareness of white privilege were hypothesized to be positively associated with MCCs, whereas social dominance orientation was hypothesized to be negatively associated with MCCs.

Additionally, each predictor was hypothesized to uniquely and significantly contribute to self-reported MCCs. That is, MCTE was hypothesized to be positively and substantially related to self-reported MCCs (H2) controlling for SDO and WPA. Likewise, WPA was hypothesized to be positively and substantially related to self-reported MCCs (H3) controlling for MCTE and SDO. Conversely, SDO was hypothesized to be negatively and substantially related to self-reported MCCs (H4) controlling for MCTE and WPA.
Chapter II

Method

Participants

Power analysis. An a priori power analysis was conducted to determine the sample size necessary to minimize Type I and Type II error. The experiment-wise alpha used was .05, per convention (Cohen, 1992); a modified Bonferroni correction, using Holland and Copenhaver’s (1988) procedure, was used to control for Type I error. Power was set at a minimum of .80 to maximize the chance of finding a significant effect if it exists in the population. One multiple regression analysis, and examination of three squared semipartial correlations, was required to test the significance of the hypothesized model and the unique contributions of each predictor variable. The effect size was estimated based on prior research on the relationship between the predictor and criterion variables. In the two studies that examined this relationship, the correlations were .02 (Liu et al., 2004) and in Dickson and Jepson’s (2007) study, ranged from .07 to .28, for effect sizes ranging from adjusted $r^2 = .00$ to .06. With a Bonferroni corrected $\alpha = .0125$ for each of the 4 significance tests, $\beta = .80$ and ES = .06 a minimum sample of 175 participants was needed. A sample of 469 participants was obtained; 64 were removed as a result of incomplete data, 38 were removed due to meeting exclusion criteria (no supervised clinical experience), and 5 were removed as significant outliers. The final sample for analyses was thus $N = 362$, for which observed power was $\beta = .99$.

Inclusion and exclusion criteria. Master’s and doctoral students enrolled in counseling-related graduate programs were eligible to participate. Inclusion criteria were that students must be over 18 years of age, and be currently enrolled in their graduate program. Volunteers were eligible to participate in the study if they had begun taking courses in their respective programs,
regardless of how long they had been matriculated. Participants were not eligible if they were no longer enrolled in a training program, i.e., if they had completed their degree or withdrawn from the program. Additionally, students must have been currently or previously been engaged in clinical work, as the Multicultural Counseling Knowledge and Awareness Scale asks participants to reflect on their work with clients. To increase heterogeneity of the sample, no other inclusion or exclusion criteria were used. Volunteers who were currently working outside of their training environment, such as students on internship, were asked to rate the multicultural environment of their graduate program, as many questions pertaining to the multicultural environment are graduate program-specific. Participants were eligible to enter a drawing for one of 40 $25 Amazon gift cards; interested participants were asked to e-mail their name and e-mail address to an e-mail address listed at the end of the study.

**Participant characteristics.** Participants were 362 doctoral (64.6%) or Master’s (33.7%) student counselor trainees in the fields of clinical psychology (47.5%), counseling psychology (26.2%), social work (8.0%), mental health counseling (6.9%), counseling (2.8%), school psychology (2.5%), marriage and family therapy (0.6%), rehabilitation counseling (0.3%), and “other” (5.2%). Most participants resided in the United States (N = 338, 93.4%), with a small number of participants residing in Canada (N = 15, 4.1%). The age of participants ranged from 22 to 59 years (M = 28.57, SD = 6.01), and participants reported having been in graduate school between 1 and 10 years (M = 3.35, SD = 1.83), with between 1 and 420 months of supervised clinical experience (M = 30.51, SD = 36.12). The sample was 85.4% female, 14.1% male, 0.2% genderqueer, and 0.2% questioning. The majority of participants were White non-Hispanic/Latino(a) (80.4%), followed by Hispanic/Latino(a) (5.2%), Black/African American (4.1%), Asian/Pacific Islander (5.0%), biracial/multiracial (3.3%), and Native American/First
Nation (0.8%). As well, the majority of the sample identified as heterosexual (86.7%), followed by bisexual (6.4%), gay or lesbian (4.1%), and “other” (2.5%). For further detail on the demographic characteristics of the sample, please see Table 2.

**Design**

The present study was a one-group, ex post facto design. The three predictor variables were Multicultural Training Environment as measured by scores on the Multicultural Environmental Inventory-Revised (MEI-R; Pope-Davis et al., 2000), Social Dominance Orientation as measured by scores on the Social Dominance Orientation Scale (SDO; Sidanius & Pratto, 1999), and White Privilege Awareness as measured by scores on the White Privilege Awareness Subscale of the Privilege and Oppression Inventory (WPA-POI; Hays, Chang, & Decker, 2007). The criterion variable was MCCs, as measured by scores on the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002).

**Measures**

**Multicultural Environmental Inventory-Revised.** The Multicultural Environmental Inventory-Revised (MEI-R; Pope-Davis et al., 2000; see Appendix A) is a 27-item questionnaire that assesses students’ perceptions of the degree to which multicultural issues are addressed in their graduate program’s training environment, as well as how comfortable and safe they perceive their program’s training environment to be. Items are rated on a 5-point Likert-type scale, from 1 (*not at all*) to 5 (*a lot*), with higher scores indicating a trainees’ perception of greater attention to multicultural issues in their training program.

The MEI-R contains four subscales: Curriculum and Supervision, Climate and Comfort, Honesty in Recruitment, and Multicultural Research. The latter two subscales have three and
two items, respectively, whereas the former two subscales each have 11 items. Only the total score was used for present study due to the imbalance of the subscale loading observed during scale construction (Pope-Davis et al., 2000). To calculate an individual’s total score, responses are summed, resulting in a range of 27 to 135. Reliability was reported as $\alpha = .94$ for the total scale by Pope-Davis et al. (2000). In the present study, Cronbach’s alpha = .931 for the MEI-R. Example items include, “The course syllabi reflect an infusion of multiculturalism,” and “I feel comfortable with the cultural environment in class.”

The MEI-R was chosen because it is the only available scale that assesses multicultural training using an ordinal scale. That is, the MEI-R is one of only two measures that evaluate perceptions of multicultural training and/or environment in graduate mental health programs. The other measure, the Multicultural Competency Checklist (MCC; Ponterotto, Alexander, Grieger, 1995), is a checklist in which respondents indicate whether or not specific aspects of multicultural training are present in their program (Dickson & Jepsen, 2007). A search of the literature suggests that the MEI-R and the MCC remain the only measures that assess multicultural training-related constructs.

In support of the MEI-R’s criterion-related validity, Liu et al. (2004) reported that multicultural research self-efficacy and utility, as measured by the Research Instruction Outcome Tool-Multicultural (RIOT-M; Liu et al., 2004), was significantly related to scores on the MEI-R ($r = .25, p < .01$). The MEI-R has also been used as a predictor of MCCs (Dickson & Jepson, 2007; Liu et al., 2004). Dickson and Jepson (2007) reported a significant but modest correlation between the Multicultural Counseling Inventory (MCI; Sodowsky, Taffe, Gutkin, & Wise, 1994) Knowledge subscale and the MEI-R ($r = .17; p < .05$). Finally, in support of the MEI-R’s discriminant validity, Liu et al. found the MEI-R to be significantly moderately ($r = .43, p < .01$)
related to a measure of general training environment, the Research Training Environment Scale—Revised (Gelso et al., 1996), suggesting that the MEI-R measures a construct that is similar, yet distinct, from the general training environment.

In the scale construction of the MEI, 208 counselor trainees and psychologists completed surveys with 53 original items (Pope-Davis et al., 2000). The authors split the sample in half and designated one the analysis sample, and the second the validation sample. First, a principal components analysis was performed with the analysis sample, and the scree plot and eigenvalues suggested a four-component solution. When the weak items were removed, the four-component solution with the remaining 27 items accounted for 68% of the variance (Pope-Davis et al., 2000). A principal components analysis with the validation sample had results consistent with those from the analysis sample (Pope-Davis et al., 2000).

**Social Dominance Orientation Scale.** The Social Dominance Orientation Scale (SDO<sub>6</sub>; Sidanius & Pratto, 1999; see Appendix B) is a 16-item, Likert-type scale that measures the central construct in Social Dominance Theory (Sidanius & Pratto, 1999). Respondents rate from 1 (very negative) to 7 (very positive) their feelings about statements such as “Some groups of people are simply inferior to others” and “Group equality should be our ideal” (reverse coded).

To calculate an individual’s score, 8 items are reverse coded, and the total is then summed. Total scores can range from 16 to 112, with higher scores reflecting higher social dominance, or a greater support for inequality. Sidanius and Pratto (1999) described aggregate psychometric statistics for the SDO<sub>6</sub> based on 14 samples, including 12 college student samples from the U.S., Israel, Palestine, China, New Zealand, and Canada, with a total \( N = 3060 \); and two community samples from the U.S., with a total \( N = 1184 \); for a combined \( N = 4,244 \). Across samples, the SDO<sub>6</sub> evidenced adequate internal consistency reliabilities (\( Mdn \alpha = .89 \)). In the
present study, Cronbach’s alpha = .889 for the SDO6. A one-month test-retest reliability was reported to be \( r = .86 \). Regarding convergent validity, the SDO6 has a median correlation of .42 with a measure of elitist attitudes, and .40 with measures of intergroup competitive attitudes (Sidanius & Pratto, 1999). Sidanius and Pratto also reported that, across samples, the best-fitting factor analytic model for the SDO6 was a two-factor model (group based egalitarianism and group-based dominance); items that load on each factor are reverse-coded. Since the two factors were found to be highly correlated, \( (r_{s} = .60-.74, ps < .001) \), the authors recommended treating the SDO6 as a single factor (Sidanius & Pratto, 1999).

**Privilege and Oppression Inventory.** The Privilege and Oppression Inventory (POI; Hays et al., 2007; see Appendix C) is a 39-item, self-report inventory that assesses respondents’ awareness of social privilege on four dimensions: White Privilege Awareness, Heterosexism Awareness, Christian Privilege Awareness, and Sexism Awareness. This instrument was chosen because it was specifically developed for use with counselor trainees. When the measure was developed, the items were selected based on an assessment of content validity. That is, six experts in multicultural competence ranked the original pool of items for clarity, cultural bias, and appropriateness for the item’s given dimension. Items were either deleted or modified based on the feedback received from these experts.

The entire inventory was administered in the present study, but only the 13-item White Privilege Awareness subscale was analyzed because both the MEI-R (multicultural training environment) and criterion variable to assess multicultural competencies focus on counseling with members of racial and ethnic minority groups. Sample items for this subscale include, “Being white and having advantage go hand in hand,” and “The lighter your skin color, the less prejudice and discrimination you experience.” Items are rated on a 6-point Likert scale, from 1
(strongly disagree) to 6 (strongly agree), with higher scores indicating a greater awareness of white privilege. To calculate an individual’s score, one item is reverse coded, and the total is summed. Total scores can range from 13 to 78.

For scale construction and validation, 428 counselor trainees completed the original item pool. Following an exploratory factor analysis (EFA), an additional 206 counselor trainees completed the final 39-item POI, which was subjected to a confirmatory factor analysis (CFA; Hays et al., 2007). Of note, the White Privilege Awareness subscale accounted for the majority of variance (36.04%, compared to less than 7% for each of the other scales).

The POI evidenced good internal consistency; for the White Privilege Awareness subscale, α = .92. Two-week test-retest reliability for the full scale was α = .91 (Hays et al., 2007). In the present study, Cronbach’s alpha = .932 for the WPA subscale of the POI, which was used for analysis in the present study, and .965 for the full-scale POI. Convergent validity was demonstrated in a sample of 428 counselor trainees by significant correlations with the Miville-Guzman University-Diversity Scale-Short Form (M-GUD-S; Fuertes et al., 2000), a 15-item measure that assesses individuals’ attitudes, acceptance, and comfort level with regard to cultural differences, and the Quick Discrimination Index (QDI; Ponterotto et al., 1995), a 30-item measure that assesses attitudes toward multiculturalism and women’s equality. Statistically significant positive correlations were found between the M-GUD-S total score and the POI total score ($r = .41$, $p < .01$), as well as the White Privilege Awareness subscale ($r = .30$, $p < .01$). Additionally, significant positive correlations were found between the QDI Cognitive Racial Attitudes subscale and White Privilege Awareness ($r = .68$, $p < .01$), as well as with the POI total score ($r = .69$, $p < .01$). The QDI Affective Racial Attitudes subscale was also statistically significantly positively correlated with White Privilege Awareness ($r = .23$, $p < .01$) and the POI.
total score ($r = .33, p < .01$). The third QDI subscale, Cognitive Gender Attitudes, was also positively and significantly correlated with White Privilege Awareness ($r = .47, p < .01$) and the POI total score ($r = .61, p < .01$).

**Multicultural Counseling Knowledge and Awareness Scale (MCKAS).** The Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002; see Appendix D) is a 32-item, self-report inventory that was developed to reflect the MCCs related to knowledge and awareness delineated by Sue et al. (1982). The MCKAS is a revision of the Multicultural Counseling Awareness Scale (MCAS; Ponterotto et al., 1996). This instrument was selected based on a search of the literature, which revealed three self-report measures of counselors’ multicultural competence: the two-factor MCKAS (Ponterotto et al., 2002), the four-factor MCI (Sodowsky et al., 1994), and the three-factor Multicultural Awareness Knowledge Skills Scale (MAKSS; D’Andrea, Daniels, & Heck, 1991). The fourth measure, the Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFramboise, Coleman, & Hernandez, 1991) has a self-report version but was developed as an observer rating measure. Although all three self-report measures demonstrated adequate internal consistency reliabilities (Dunn, Smith, & Montoya, 2006), only the MCKAS demonstrated adequate goodness of fit indices for its factor structure (Dunn et al., 2006). Additionally, the MCI and MAKSS significantly correlated with a measure of social desirability, whereas across studies, the MCKAS did not do so (Dunn et al., 2006). Consequently, the MCKAS was determined to be the most appropriate instrument for the present study.

The original version of the MCAS had 135 items, which were reduced to 70 based on the results of card sorts, focus groups, and an assessment of content validity (Ponterotto et al., 2002). The remaining 70 items were administered to 126 trainees and professionals, and the MCAS was
subsequently reduced to 45 items following item and factor analyses (Ponterotto et al., 2002). The original MCAS had a 3-factor structure: Knowledge/Skills, Awareness, and a 3-item social desirability factor. Despite attempts to support Sue et al.’s (1982) tripartite model, Skills was not supported as an independent factor (Ponterotto et al., 2002).

The current MCKAS is comprised of two scales, Knowledge and Awareness, and yields two subscale scores, including a total score. For parsimony of analysis and because the scale represents an overarching construct, multicultural competence, only the total score was used in the analysis for the present study. Moreover, there is no basis for differential predictions for Knowledge and Awareness.

The Knowledge subscale consists of 20 items, and the Awareness subscale consists of 12 items, 10 of which are reverse coded. Sample items include, “I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education,” and “I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.” Items are rated on a 7-point, Likert-type scale, from 1 (not true at all) to 7 (totally true). Possible total scores range from 32 to 224, with higher scores indicating greater self-reported multicultural competencies.

The original MCAS has shown adequate 10-month test-retest reliabilities for the Knowledge/Skills ($\alpha = .70$) and Awareness ($\alpha = .73$) subscales, as well as adequate internal consistency for the Knowledge/Skills subscale ($\alpha > .90$), and the Awareness subscale ($\alpha = .78$) (Ponterotto et al., 2002). The Knowledge/Skills subscale was significantly correlated with the CCCI-R self-report version, and the Awareness subscale was significantly correlated with the New Racism Scale (Jacobson, 1985), supporting the convergent validity of each scale.
Additionally, good criterion-related validity has been demonstrated by positive correlations between the original Knowledge/Skills subscale and training variables (Ponterotto et al., 2002).

Due to several concerns with the MCAS, including the conceptual accuracy of the subscale names, content relevance of some items, the psychometric weakness of some items, and questionable utility of the social desirability items, Ponterotto et al. (2002) examined and revised the measure. In their first study, students and professionals \( N = 525 \) completed the original MCAS. A principal components analysis suggested a three-factor solution, but the third-factor was a single social desirability item. Due to low factor loadings of the remaining two social desirability items and their questionable utility, the social desirability items were removed. Additionally, based on the analysis, 13 other items were removed. After revisions, 32 items remained (20 on the Knowledge subscale, 12 on the Awareness subscale), and an additional study was undertaken to test the factor solution on the 32 items and establish validity (Ponterotto et al., 2002).

In this second study, counselor trainees \( N = 199 \) completed the 32-item revised MCAS (now called MCKAS), the MCI, the Marlowe-Crowne Social Desirability Scale (SDS; Crowne & Marlowe, 1960), and the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), which measures ethnic identity commitment and attitudes toward other groups. The revised MCKAS demonstrated adequate internal consistency, \( \alpha = .85 \) for both subscales. In the present study, the coefficient alpha = .898 for the Knowledge subscale, .823 for the Awareness Subscale, and .898 for the full scale. The authors conducted CFA with aggregate item procedures, which evidenced adequate goodness of fit of the two-factor model. The oblique and orthogonal rotations had nearly identical fit indices; however, the Knowledge and Awareness subscales evidenced a negligible correlation \( r = .04 \), supporting the use of each subscale score independently.
In support of convergent validity, the MCI Counseling Relationship subscale and the MCKAS Awareness subscale were significantly and highly correlated ($r = .74$). Criterion validity was supported by a significant, moderate correlation between the MCKAS Knowledge subscale and the MEIM Ethnic Identity subscale ($r = .31$). The SDS was found to be significantly negatively correlated with the MCKAS Knowledge subscale ($r = -.39$), indicating greater socially desirable responding in the context of lower endorsement of knowledge. Ponterotto et al. (2002) reported that the MCKAS is generally not related to social desirability, although some studies have found a similar significant, negative correlation between social desirability and the MCKAS.

**Demographic questionnaire.** A demographic questionnaire included questions regarding race/ethnicity, gender, program of study, sexual orientation, and socioeconomic status (see Appendix E). Items such as race, gender, and political affiliation that are known to correlate with social dominance orientation (e.g., Pratto et al., 1994; Pratto, Stallworth, & Sidanius, 1997; Sidanius, Levin, & Pratto, 1996) were also included to consider rival hypotheses based on participants’ characteristics, and to describe the sample. Given that political affiliation is known to correlate with social dominance orientation, it is important to consider political affiliation as a potential barrier to multicultural competence. Additionally, questions pertaining to participants’ multicultural training were included to assess participants’ previous multicultural training experiences, e.g., number of multicultural courses taken. These questions were included for descriptive purposes.

**Procedure**

A convenience sample of counselor trainees was obtained. The recruitment e-mail inviting students to “tell us about your graduate training” was sent to training directors of
predoctoral internship programs, doctoral programs in clinical and counseling psychology, and Master’s programs in counseling and clinical psychology, social work, and marriage and family therapy. As well, the recruitment e-mail was sent to departmental listservs, individual students, and posted on the social media website Facebook. The e-mail and social media post included a request to distribute the study to eligible trainees, employing a snowball sampling technique.

The survey was hosted on PsychData.com and was password protected, the password for which was provided in the recruitment e-mail. Interested volunteers clicked the PsychData link provided in the recruitment e-mail or Facebook post, and were directed to an informed consent page. Informed consent included the voluntary and anonymous nature of the study and the right to withdraw at any time. By clicking “continue” after reading the description of the study (see Appendix G), participants indicated informed consent. With the exception of the demographic questionnaire, which was administered last, all other instruments (MEI-R, SDO6, POI, MCKAS) were counterbalanced using the PsychData software program to assess for, and reduce the likelihood of, order effects. In total, there were six different versions of the survey. Upon completion, participants were directed to contact the investigator at a specified e-mail address if they wished to be entered into a drawing for one of 40 $25 Amazon gift cards. By having the respondents e-mail the investigator directly, rather than provide their e-mail addresses in the survey itself, anonymity was protected.
Chapter III

Results

Missing Data

Four hundred and sixty-nine participants responded to the survey. Cases for which one or more questionnaires were incomplete were removed, leaving 405 cases. Missing data were then analyzed to assess for the likelihood that missing cases are non-random (Tabachnick & Fidell, 2006). Little’s MCAR indicated that data were not missing randomly ($\chi^2 = 10858.722$, df = 9897, $p = .00$); however, less than 5% of the data were missing per measure, and less than 5% of the data for measures were missing by categorical variable. Thus, based on recommendations by Tabachnick and Fidell (2006) for best practices in imputing missing values, expectation maximization imputation was used. Comparisons of the analyses run with and without the completed missing data evidenced no differences.

Preliminary Analyses

Test of assumptions. Regression diagnostics were performed on the data to assess whether the assumptions for multiple regression were met: linearity, independence, homoscedasticity, and normality. As a one-group ex post facto design, the assumption of independence for the present study was met.

To test the assumption of normality, a histogram of the residuals of the data was created, and skewness and kurtosis were examined. The histogram of the residuals evidenced a normal curve, and skewness for each variable was within normal limits ($\leq 2$); however, kurtosis, while within normal limits for the MEI-R, WPA, and MCKAS, was out of range for the SDO$_6$ (kurtosis $= 3.042$). The data for the SDO$_6$ were transformed using the square root transformation, after which kurtosis was more acceptable (kurtosis $= 1.207$).
To test the assumption of homoscedasticity, a scatterplot of the predicted and actual standardized residuals was created. This scatterplot evidenced an even distribution of the residuals along the y axis, suggesting that the assumption of homoscedasticity was met. Finally, to test the assumption of linearity, a scatterplot of the residuals was created. The residuals in this scatterplot fell along a single slope, suggesting the assumption of linearity was met.

**Counterbalancing.** To assess for order effects, a one-way ANOVA was performed on the six counterbalanced groups to assess for a significant order effect. There were no significant differences between the six counterbalancing groups; thus, there appeared to be no order effect. The results of the one-way ANOVAs for each variable were as follows: MEI-R, $F (5, 399) = .616, p = .69$; SDO6, $F (5, 399) = 1.542, p = .18$; WPA, $F (5, 399) = .521, p = .76$; and MCKAS, $F (5, 399) = .641, p = .69$.

**Outliers.** To identify significant outliers, DFBETA, leverage, discrepancy, and influence were examined. Cases were considered for deletion that evidenced centered leverage values $> 2k/n$, Cook’s $d > 4/n$, DFBETA $± 1.0$, and studentized deleted residuals $≥ ± 2$. Based on these criteria, 5 cases were removed as significant outliers.

**Multicollinearity.** To assess for multicollinearity, tolerance and variance inflation factor (VIF) were examined for each predictor variable. Multicollinearity is considered to be absent or negligible when tolerance and VIF are approximately 1.00. Tolerance lower than .25, and VIF larger than 4.00, suggests multicollinearity and warrants further examination. In the present study, tolerance for the predictor variables ranged from .724 - .968, and VIF ranged from 1.033 – 1.381; therefore, multicollinearity appears to be absent.
Comparison to previous samples.

Unpaired t-tests between participants’ scores in the present sample, and previous, similar samples, for each measure. For the White Privilege Awareness subscale of the Privilege and Oppression Inventory, scores obtained by Hays’ (2007) participants in the scale development sample were used for comparison. The mean for WPA was calculated as the sum score divided by the number of items, maintaining the metric used in the Likert-type scale. The difference, while statistically significant, $t(788) = 5.48$, $p = .00$ appears insubstantial; for Hays’ (2007) sample of 428 counselor trainees, $M = 4.30$, $SD = 0.89$, as compared to $M = 4.65$, $SD = 0.90$ for the present sample. The same is true of the MEI-R; although statistically significant, $t(479) = 2.34$, $p = .02$, for Liu, Sheu, and Williams’ (2004) sample of 119 counselor trainees, $M = 100.15$, $SD = 17.72$, whereas for the present sample, $M = 104.37$, $SD = 16.87$. The differences on the SDO$_6$ and the MCKAS appear more larger and more meaningful. Sidanius and Pratto (1999) report on many different samples used during scale construction; for more a representative comparison, their sample of 583 Stanford University graduate students was used, and means used were again in the original item metric. The comparison between Sidanius and Pratto’s (1999) sample ($M = 2.32$, $SD = 0.95$) and the present sample ($M = 1.55$, $SD = 0.60$) was both substantial and statistically significant, $t(943) = 13.80$, $p = .00$. Finally, for the MCKAS, data from Constantine’s (2002) sample of 99 school counselor trainees was used for comparison. Again, the difference between Constantine’s sample ($M = 164.34$, $SD = 18.86$) and the present sample ($M = 172.84$, $SD = 19.55$) was both substantial and statistically significant, $t(459) = 3.86$, $p = .00$. Thus, participants in the present study scored higher in self-reported multicultural competencies, and lower in social dominance orientation, than the comparison samples. These differences will be discussed further in the discussion.
Descriptive Statistics

Scale means and standard deviations were calculated for each of the measures in the present study (see Table 3). For the full-scale MEI-R, or participants’ report of their graduate training program’s multicultural environment, the scale $M = 104.40$, $SD = 16.85$, out of a possible range of 27 to 135. The observed range was 41 to 135. Higher scores indicate a higher perception of program attention to multicultural issues; thus, on average, trainees reported that their training programs attend relatively well to multicultural issues.

The SDO$_6$ $M = 24.86$, $SD = 9.65$, with an observed range of 16 to 68, out of a possible range of 16 to 112. Higher scores indicate greater endorsement of socially dominant attitudes; thus, on average, participants endorsed a greater preference for equality and appear not to have identified with a preference for social dominance. In addition to the upper nearly 40% of the scale range not being utilized, the $M = 24.86$ suggests a floor effect, which has been observed by the present author in other studies with both counselor trainees and undergraduate students. This floor effect will be revisited in the discussion.

For the WPA subscale of the POI, $M = 60.46$, $SD = 11.74$, with an observed range of 18-78, out of a potential range of 13 to 78. Participants, on average, self-reported a moderately high awareness of white privilege, as higher scores indicate endorsement of higher awareness. On the full-scale MCKAS, participants’ $M = 172.69$, $SD = 19.73$, with an observed range of 114 to 217 from a potential range of 32 to 224. It is notable that the lower third of the scale range was not utilized; that is, no participant self-reported low multicultural competencies. Higher scores indicate greater self-reported multicultural competencies; thus, participants, on average, self-reported being moderately high in multicultural competencies.
Differences based on gender, race, and political affiliation on each of the measures were assessed using one-way ANOVAs. Significant differences were observed on the SDO6 based on both gender and political affiliation, with men and participants who identified as Republican scoring higher; on the MCKAS based on gender, race, and political affiliation, with women, and participants who identified as Black or African American, or as Democrat or having no political affiliation, scoring higher; and on the WPA based on political affiliation, with those who identified as Democrat scoring higher. For more information on these differences, please see Table 4. As a result of these significant differences, which are consistent with the theorizing of Social Dominance Theory, race, gender, and political affiliation were entered as covariates in the primary analysis.

**Primary Analysis**

A hierarchical multiple regression was performed to test the hypothesized model controlling for race, gender, and political affiliation, with scores on the MEI-R, SDO6, WPA-POI as predictors of the criterion variable, i.e., scores on the MCKAS (see Table 5). Gender, race, and political affiliation were entered as covariates in step 1, followed by the three hypothesized predictors in step 2. In addition to an examination of the full model, the squared semipartialss of the MEI-R, SDO6, and WPA-POI were examined for the significance of their unique contributions to MCKAS scores.

The demographic variables considered covariates, as categorical data, were dummy coded for inclusion in the hierarchical regression. For each dummy coded variable, the baseline, or control, group used was the majority group for each variable, based on recommendations by Field (2009). Thus, for race, the reference group was participants who self-identified as white; for gender, the reference group was participants who self-identified as male; and for political
affiliation, the reference group was participants who self-identified as Democrat. Step 1 was statistically significant (adj $r^2 = .114, p = .00$); specifically, gender was statistically significant ($\beta = .136, p = .008$), with women scoring higher than men on the MCKAS, as was race, with Black/African American participants scoring higher than other racial groups ($\beta = .169, p = .001$), and political affiliation, with participants who identify as Republican ($\beta = -.218, p = .00$) and Independent ($\beta = -.186, p = .00$) scoring lower on the MCKAS than participants who identified as Democrat or as having no political affiliation.

In step 2, Hypothesis 1, the joint contribution of the three predictors, was supported, accounting for 26.8% of the variance after controlling for race and gender (adj. $r^2 = .412$, adj. $\Delta r^2 = .268$, $p = .00$), with each predictor variable contributing in the predicted direction (WPA and MEI-R positively correlated with the MCKAS, and SDO$_6$ negatively correlated with the MCKAS).

Hypothesis 2, the unique contribution of training environment, was also supported ($\beta = .235, p = .00$), with a squared semipartial correlation of .053. As well, the unique contribution of white privilege awareness (Hypothesis 3) was supported ($\beta = .405, p = .00$), with a squared semipartial correlation of .135. Hypothesis 4, the unique contribution of social dominance orientation, was partially supported ($\beta = -.223, p = .00$), as it was statistically significant, however, the squared semipartial correlation of .036 fell below the substantive threshold of .05.

Thus, the full model (Hypothesis 1) in which participants’ perception of their graduate program multicultural training environment, white privilege awareness, and social dominance orientation, significantly contributed to participants’ self-reported multicultural competencies. Participants’ perceptions of their graduate program’s multicultural training environment (Hypothesis 2) and their awareness of white privilege (Hypothesis 4), as individual predictor
variables, uniquely and substantively contributed to participants’ self-reported multicultural competencies, with social dominance orientation (Hypothesis 3) contributing significantly but not substantively. Specifically, in the current sample, participants who rated their graduate programs higher in attention to multiculturalism self-reported greater multicultural competencies, suggesting that graduate program attention to multiculturalism positively contributes to trainees’ multicultural competencies. Participants who scored higher on white privilege awareness also self-reported greater multicultural competencies, supporting that awareness of privilege also positively contributes to multicultural competencies. Conversely, participants’ social dominance orientation was inversely related to their self-reported multicultural competencies, suggesting that for the current sample, higher endorsement of social dominance orientation was associated with lower self-reported multicultural competencies, or contributed negatively. It is important to note that the effect size for social dominance orientation, while statistically significant, is small; thus, interpretation of the social dominance orientation effect should be made with caution. Self-identified race, gender, and political affiliation also influenced participants’ self-reported multicultural competencies; these associations will be examined in the discussion.
Chapter IV
Discussion

The present study aimed to examine three theoretically derived potential predictors of self-reported multicultural competencies: social dominance orientation, awareness of white privilege, and graduate program multicultural training environment. The purpose of the present investigation was to examine predictors of counselor trainees’ self-reported multicultural competencies in the service of informing multicultural training. It was hypothesized that all three predictors would together (H1), as well as uniquely (H2-H4), contribute to trainees’ self-reported multicultural competencies. Hypotheses 1, 2, and 4 were fully supported, and hypothesis 3 partially supported, suggesting that awareness of white privilege, graduate program multicultural training environment, and, to some extent, social dominance orientation, contribute to trainee self-reported multicultural competencies, even despite limitations to measuring these constructs. Specifically, as predicted, trainees who reported lower social dominance orientation, higher awareness of white privilege, and greater attention to multiculturalism in their graduate program, scored higher in self-reported multicultural competencies; and conversely, trainees who reported higher social dominance orientation, lower awareness of white privilege, and less attention to multiculturalism in their graduate program, scored lower in self-reported multicultural competencies. That is, both program-level and individual-level (attitudinal) variables were significantly related to trainees’ self-reported multicultural competencies. The effect size found for social dominance orientation was small, and thus its effects should be interpreted with caution; potential reasons for this small effect size will be explored in the discussion of measurement limitations.
The results of the present study suggest that, for the development of trainees’ multicultural competencies, training programs should intentionally attend to their program’s multicultural training environment, and seek to engage students in multicultural training that intentionally raises awareness of privilege and, potentially, reduces social dominance attitudes. The results of the present investigation also suggest that these three variables may warrant further study as potential targets for change in multicultural training, in the service of facilitating development of multicultural competence.

More broadly, the results of the present study establish that both individual-level and program-level characteristics may be important in the development of multicultural competence, and thus faculty and programs should attend to both. One significant gap in the existing literature is a lack of guidance for training programs, faculty, and supervisors with regard to training for multicultural competence. To date, few studies have examined predictors of multicultural competence that could serve as potential targets of change in multicultural training. Despite mandates from the APA (2007) and MPCAC (2014) to attend to multicultural training, and some, albeit mixed and limited, evidence that greater multicultural competence may lead to better client outcomes (Worthington et al., 2007), little empirically-based guidance exists for multicultural training. Further rigorous empirical study of multicultural competence and multicultural training is necessary; and based on the results of the present study, it is recommended that the effect of individual-level variables such as social dominance orientation and awareness of privilege, and program-level variables such as graduate program multicultural training environment, on multicultural competence, be studied further.

In addition to the three predictors being chosen as predictors that could be targets of change in multicultural training, they were also informed by Social Dominance Theory. These
predictors and SDT lend themselves well to further, novel examination of the multicultural competencies and multicultural training. In addition to the calls to revisit the multicultural competencies as they were originally theorized, much of the empirical and theoretical literature on multicultural competence has operationally defined this construct in terms of racial and ethnic minority clients. Through the lens of SDT, low levels of multicultural competence were conceptualized to be the normal outcome of socialization in a society in which recognizing systemic oppression is often ignored in favor of attributing inequality to products of differential merit. This theorizing is consistent with previous findings that racial and ethnic minority counselor trainees tend to have higher baseline multicultural competencies than white counselor trainees (Chao et al., 2011); racial and ethnic minority trainees, like racial and ethnic minority clients, often do not have the privilege of subscribing to the myth of meritocracy. The same could be said, however, of members of other oppressed groups, including (but not limited to) individuals from lower SES groups, and individuals who do not identify as male, heterosexual, or cisgender. Thus, if social dominance orientation and awareness of white privilege were related to multicultural competencies when operationalized in terms of traditional theorization, it follows that social dominance orientation and awareness of privilege more broadly may be related to multicultural competencies and multicultural competence more broadly and inclusively defined.

Given the recognized complexity of multicultural counseling, it is imperative that our theorizing, and our constructs, more adequately captures this complexity. SDT explains why counselors and counselor trainees are not inherently multicultural competent, as a natural byproduct of our socialization; and attitudinal factors consistent with SDT explain how we might better facilitate the development of multicultural competencies in counselor trainees. Although
the central, measurable construct of SDT, SDO, was only partially supported in the present study, it is important to note that in the present study there was proxy support for SDT, which is broader than SDO. According to SDT, those who hold more power in our society’s power hierarchy—that is, those with more privilege—should hold more oppressive attitudes and beliefs, and possibly be less aware of power differences and structural inequality. Thus, the differences observed in self-report multicultural competencies, awareness of privilege, and social dominance orientation by gender, race, and political affiliation provide proxy support for SDT. In particular, political affiliation, which could be considered an outcome of one’s SDO, evidenced more significant correlations with study variables than race or gender. Given the observed support for SDT, further investigation of SDT as a framework through which to understand multicultural competence is warranted; and further speaks to the difficulty of measuring SDO, which will be discussed further.

Notably, unpaired t-test comparisons between participants’ scores on each measure in the present sample and samples studied by previous researchers yielded statistically significant differences. Participants in the present study scored higher in self-reported multicultural competencies, and lower in social dominance orientation, than the comparison samples. Participants in the present sample also scored higher on awareness of white privilege, as well as on ratings of their program’s multicultural training environment, although these differences were smaller. Significant differences may be a result of changing attitudes and increased multicultural competence and training in the years since the comparison samples were studied; however, it is also possible that this may be due to response styles influenced by changes in what is now societally acceptable. This will be discussed further below.
Also notable were the significant differences in participants’ self-reported multicultural competencies based on self-identified race, gender, and political affiliation. Participants who self-identified as female, or as Black or African American, self-reported higher multicultural competencies; and participants who self-identified as politically Republican or Independent self-reported lower multicultural competencies. These results are actually quite consistent with the theorizing of the present study based on Social Dominance Theory, further highlighting the usefulness of Social Dominance Theory in understanding multicultural competence. First, individuals from groups with more power (e.g., men, White individuals), in theory, have less first-hand experience with discrimination and systemic oppression, as privilege shields them from such experiences. As a result, members of privileged groups have the additional privilege of subscribing more to the myth of meritocracy, or believing that individuals—and thus, potentially, clients—are solely responsible for their current circumstances. Conversely, it would be expected that individuals with oppressed identities have more experience with discrimination and systemic oppression, and thus a greater, more intrinsic understanding of the influence of oppression on mental health. Sidanius, Pratto, and Bobo (1994) noted that individuals who are societally positioned to enforce or increase inequality—that is, those who hold privilege—are more likely to hold oppressive attitudes and beliefs. It makes sense, then, that participants who self-identified with historically marginalized groups—women, and Black/African American race—would report greater multicultural competencies.

That the only overall significant between-group difference for race was for those who self-identified as Black/African American is both interesting and important in the context of the long and difficult history of discrimination and systemic barriers that Black and African American individuals and communities have endured in the United States. The discrimination
and oppression endured by Black and African American individuals in the U.S., historically, is second only to that of the discrimination and oppression endured by Native Americans in the U.S.; and notably, in step 2 of the hierarchical regression, Native Americans indeed were considered as having scored statistically significantly higher in multicultural competencies, despite only being represented by three participants. Thus, it may be that the greater the discrimination and oppression faced by an individual and/or their community, the more awareness that individual has of the influence discrimination and oppression can have on mental health—a crucial component to multicultural competence (Richardson & Molinaro, 1996).

That participants who self-identify as Republican or Independent would self-report lower multicultural competencies as compared to participants who self-identify as Democrat is also consistent with Social Dominance Theory. The ideologies behind the American Republican and Independent parties are counter to that of the political liberalism often associated with the American Democratic party; specifically, whereas liberalism and the Democratic party are often aligned with equality- and equity-based initiatives that would change existing power structures, such as support for same-sex marriage and affirmative action, the Republican and Independent parties are often aligned with policies and initiatives that maintain or strengthen existing power structures based in inequality and inequity (Sidanius, Pratto, & Bobo, 1996). These ideologies are often based in legitimizing myths that rationalize maintaining, or even increasing, systems of inequity, such as the myth of meritocracy, rationalizing that an unequal system is only unequal inasmuch as hard work and merit are unequal (Reyna, Henry, Korfmacher, & Tucker, 2005; Sidanius et al., 1996). With an emphasis on individual merit that often precludes recognizing inequity, it makes sense that individuals who self-identify as politically Republican or Independent would self-report lower multicultural competencies.
Of course, a primary purpose of better understanding multicultural competence and multicultural training is to improve clinical services provided to diverse populations. If greater multicultural competence contributes to better clinical outcomes, as Worthington and colleagues’ (2007) content analysis suggests, and individual-level and program-level variables such as social dominance orientation, awareness of privilege, and the multicultural training environment positively contribute to multicultural competence, then it stands to reason that counselors lower in social dominance orientation, higher in awareness of privilege, and whose graduate programs attended more to multicultural issues, will evidence better clinical outcomes. Additionally, given the implications of program-level predictors of trainees’ multicultural competencies, it is important to consider the role of clinical supervisors—with their own individual differences in multicultural competence and attitudes—as themselves program-related, or training-related, factors that may influence trainees’ development. The importance of multicultural competence in clinical supervision has previously been discussed and supported by research (e.g., Inman, 2006), and Individual and Cultural Diversity is considered a foundational competency for the functional competency of clinical supervision (Fouad et al., 2009); however, as is the case of the multicultural competence literature broadly, there is a dearth of research examining multicultural competence in clinical supervision (Falender, Burnes, & Ellis, 2013). The effects of multicultural competence on clinical outcomes as well as clinical supervision outcomes, and the effects of individual-level and program-level predictors of multicultural competence such as those examined in the present study, warrant further examination in future research.

To adequately build upon and expand the existing theorizing and empirical evidence, however, numerous limitations to the extant literature, including the present study, must be addressed. First, the strengths of the present study will be discussed, followed by the limitations.
Strengths

There were several strengths of the present study. First, based on the observed significant correlations, the results supported the construct validity of a measure of multicultural counseling competencies, the MCKAS. Additionally, the theoretical framework for the present investigation, Social Dominance Theory (Sidanius & Pratto, 1999), represents a novel attempt at theorizing beyond the multicultural competencies as they are traditionally conceptualized, and provided a new lens for the study of multicultural counseling competencies that included attitudinal factors as well as an environmental factor. The sample was large and heterogeneous, including trainees from several different professional degree programs in the U.S. and Canada. The large and diverse sample maximized statistical power as well as the external validity of the results; notably, small, homogeneous samples are often a criticism of this type of study. Other strengths of the study included an a priori power analysis to determine an adequate sample size, high internal consistency reliabilities of the measures observed in the present study, and the systematic tests of the central assumptions of the general linear model, which increase the internal validity of the findings.

Limitations and Future Directions

There are, however, several limitations to the present study. These limitations will be discussed in two discrete categories: Limitations of the present author’s design and study, and limitations of measurement. While these overlap considerably, the latter speaks to a significant gap in the literature that hinders rigorous empirical research in the areas of multicultural competence and training.
Design limitations.

First, because the design was ex post facto, causality cannot be inferred. Thus, whether the participants’ multicultural competencies were affected by the multicultural training environment, or by their social dominance orientation and awareness of privilege, cannot be assessed. In their critique of the literature, Worthington et al. (2007) noted a lack of diverse methodology in the extant multicultural competence literature; future research should address this common limitation by employing more complex research methodology with which causality can be inferred, and mechanisms of change in the development of multicultural competence can more fully be established.

Second, participants were not randomly selected. Thus, there is the possibility of self-selection bias threatening the internal validity of the results. Notably, however, although it is possible that only trainees who are particularly interested in multicultural issues, or who have a low social dominance orientation and a high awareness of privilege, volunteered for the study, there is an alternate explanation as well. Indeed a floor effect was observed for the measure of social dominance orientation, with participants overall endorsing low levels of social dominance orientation (potential range: 16-112; observed range: 16-68), and a ceiling effect observed for multicultural competencies on the MCKAS (potential range: 32-224; observed range: 116-217). One obvious interpretation of these results is that participants who are relatively low in social dominance orientation, and high in multicultural competence, self-selected into this study, whereas participants relatively higher in social dominance orientation, and relatively lower in multicultural competencies, opted out of the study. Another potential explanation for this finding is socially desirable responding, which will be addressed in the next session. The following explanation is posited as an alternative, however: Rather than the sample consisting
only of those lower in social dominance orientation and higher in multicultural competencies, or participants consciously choosing to endorse socially appropriate responses, it is possible that any potential participants may believe that they support equality and are multiculturally knowledgeable and aware, yet this may be discrepant from their unconscious attitudes or expressed behaviors. Consistent with this alternative explanation, unpublished research by the present author has demonstrated inconsistencies between undergraduates’ scores on the SDO\textsubscript{6} (where a floor effect was also observed), and their scores on the Global Belief in a Just World Scale (GBJWS; Lipkus, 1991), which did not evidence the same floor effect. Global belief in a just world and social dominance orientation are conceptually quite similar, and as such should evidence quite similar results; however, participants in the undergraduate study utilized the full range on the GBJWS. This discrepancy suggests potential socially desirable, or perhaps more accurately, self-unaware, responding, rather than self-selection bias. This interpretation will be discussed further under measurement limitations.

Finally, a design threat to internal validity was mono-operation bias, which occurs when only one way of operationalizing a variable is used (e.g., the MCKAS to operationalize multicultural competencies), and mono-method bias, which occurs when only one type of measurement is used (e.g., self-report questions). Indeed, all of the measures were subject to self-report bias, which is particularly problematic for the multicultural competencies measures. Some authors (e.g., Constantine & Ladany 2000; Worthington, et al., 2000) have raised a concern about what self-reported multicultural competencies actually measure. Rather than their actual multicultural competencies, self-reported multicultural competencies may actually reflect trainees’ confidence or self-efficacy in working with racially and ethnically different clients.
One additional limitation is a limitation of both design and measurement: The operationalization of diversity in the present study as limited to race and ethnicity. This relatively narrow conceptualization of diversity is consistent with the extant literature, as multicultural competence is most often studied in the context of working with racial and ethnic minority clients, and is perpetuated by existing measurement. Both the MCKAS and the MEI-R, instruments used in the present study, refer specifically to race and ethnicity. The purpose of operationalizing diversity in terms of race and ethnicity in the present study was to remain consistent with the instruments used. As a result, however, many other types of privilege (e.g., heterosexist privilege, cisgender privilege) and multicultural competencies (e.g., competencies working with LGBT clients) were not addressed in the present study.

**Measurement limitations.**

There are several concerns with available measurement in the area of multicultural competence and training, including the measures used in the present study. These limitations, some of which will be outlined, hinder advancement in understanding multicultural competence and multicultural training, and require rigorous attention if we wish to advance our understanding.

First, there are few measures of multicultural competence; all rely on self-report and thus are subject to potential self-report bias and socially desirable responding; and all have significant limitations. The criterion variable, the MCKAS (Ponterotto et al., 2002), was considered to be the best available measure of multicultural competence, and thus was selected for the present investigation. The MCKAS, like the other available instruments, is based on Sue et al.’s (1982) model of multicultural competence, which includes trainees’ knowledge, awareness, and skills. The multicultural competencies outlined by Sue et al. were defined by committee consensus;
since that time, the competencies themselves rarely been empirically tested, despite their widespread popularity (Atkinson & Israel, 2003). This lack of testing is a notable limitation, particularly since self-report multicultural competencies instruments have failed to support the three-factor structure originally posited by Sue et al. Many studies have been conducted on the premise that the multicultural competencies as defined by Sue et al. are valid, including the present study. However, Sue et al.’s skill factor, which is clearly the most important outcome of diversity training, is not included in the MCKAS, and no other measures were located that adequately assess self-reported multicultural skills. Indeed, the problem with a lack of attention to multicultural counseling skills was made clear in two studies in which (a) the relationship between observer and self-report ratings of trainees’ multicultural competencies was poor or non-existent (Worthington et al., 2000) and (b) self-reported multicultural competencies did not predict high quality multicultural case conceptualization, a measure that reflects actual multicultural skill (Constantine & Ladany, 2000).

Two additional limitations related to the MCKAS have to do with the common operationalization of multicultural counseling competencies, which is limited to racial and ethnic diversity; the ambiguity of some items allowing for participants’ individual interpretations; and the potentially loaded wording of items on the MCKAS, noted even by participants in the present study. First, in the measure, many items refer to “minority clients,” which may be interpreted by participants more broadly than racially and ethnically diverse clients. Thus, although the present study was designed to assess multicultural competencies for working with racially and ethnically diverse clients, participants may not have interpreted some of the MCKAS items in this way. Second, the items on the MCKAS may be worded in such a way that participants feel compelled to answer in a way that feels “correct.”
Relatedly, a third limitation is the potential that social desirability bias may also have influenced participants’ scores on the predictors as well as the criterion variable. Self-reported responses to questions about multicultural competencies are likely to be influenced by social desirability or self-report bias, given the current emphasis on cultural diversity in professional training programs. Despite Ponterotto et al.’s (2002) assertion that the MCKAS is not related to social desirability, some studies suggest that counselor trainees’ self-reported multicultural competencies are related to social desirability, even when measured using the MCKAS (Constantine & Ladany, 2000; Chao et al., 2011). As previously noted, concern has been raised about self-reported multicultural competencies actually measuring confidence or self-efficacy in working with racially and ethnically different clients, rather than measuring true multicultural competencies (Constantine & Ladany 2000; Worthington, et al., 2000). Relying on measures of explicit, rather than implicit, attitudes and endorsement of knowledge may influence participant responding in such a way that it becomes difficult to truly measure multicultural competencies or attitudes. In support of this concern, the discrepancy observed elsewhere in unpublished research by the present author between participants’ scores on the GBJWS and the SDO₆, suggests either socially desirable responding or self-report bias on the SDO₆; thus, it is reasonable to assume that self-report measures of multicultural competencies may also be prone to socially desirable responding, self-report bias, or, as noted earlier, self-unaware responding. Again, future research employing diverse research methodology that relies less on the most common ways of measuring these variables (i.e., ex post facto; self-report) may address some of these concerns.

Next, there are two limitations to the examination of multicultural training environment: reliance on trainees’ perceptions of the training environment, and focus on environment rather
than training. First, perceptions are not equivalent to actual experiences of didactic and experiential multicultural training. Trainees’ perceptions may not accurately reflect the realities of the multicultural training environment in their respective programs. Second, it is also likely that the actual training of counselors, whether quantity of experiences, quality of experiences, or both, contributes more to multicultural competencies than does the perceived training environment. This distinction cannot be determined in the present study, nor does measurement exist in the extent literature to make such a distinction. There are only two measures that evaluate perceptions of multicultural graduate counselor training and/or environment: The MEI-R, chosen for the present study, and the MCC (Ponterotto, Alexander, Grieger, 1995), a checklist in which respondents simply indicate yes/no for whether specific multicultural training components exist in their training programs. To date, there is no true measure of one’s multicultural training; rather, many studies employ the summation of proxy variables, such as counting the number of multicultural courses, workshops, and research projects one has completed. As these are not standardized, and change from study to study, it is not possible to establish reliability or validity with this technique. Future research should address this concern through the development of a measure of multicultural training for which reliability and validity can be established.

Additionally, the personal attribute measures in the present study have their own limitations as well. The items in the WPA subscale of the POI (Hays et al., 2007) are phrased to indicate beliefs about privilege, rather than reflecting the respondent’s awareness of his or her own privilege. Thus, as an attitude, the WPA seems to be assessing a set of beliefs rather than personal self-awareness related to privilege and oppression. It may be the latter that predicts multicultural competencies, but this distinction cannot be assessed using the POI. As well, while
the SDO was once a strong measure of social attitudes and beliefs, as evidenced by many studies and much data (e.g., Sidanius and Pratto, 1999), the present author has observed the SDO to be problematic in recent studies. A floor effect has been observed on the SDO not only in the present investigation, but as well as data collected by the present author for a pilot study in preparation for the present study (N = 27 counselor trainees, M = 22.29), as well as across several semesters of unpublished pre-post data collected from undergraduate students (e.g., N = 104 undergraduate students, M = 33.70). Additionally, although published means and standard deviations are difficult to find, examination of recently published articles measuring social dominance orientation suggest this floor effect has been demonstrated in other studies (e.g., Kteily, Ho, & Sidanius, 2012; item-level M = 2.50, SD = 1.10, potential range 1 - 7). The floor effect may account for the small effect size demonstrated for social dominance orientation in the present study, as limited variance in the measure could potentially mute effect size. It is possible that a change in the sociopolitical climate in the time since the development of the social dominance orientation measures has led to differential responding on the social dominance orientation measure, i.e., greater socially desirable responding or self-report bias, and resistance to endorsing socially undesirable attitudes. Observed results in the unpublished study by the present author from the GBJWS, however, suggest a concern in participants’ response styles, rather than a change in beliefs. The concept of social dominance orientation and the use of social dominance theory in understanding the development of multicultural competence seem especially important; however, new ways of examining social dominance orientation may need to be explored.
Implications for Training

Based on the literature and the results of the present study, the following recommendations are offered for counselor training. First, consistent with some theorizing (e.g., Richardson & Molinaro, 1996), awareness—in this case, of privilege—appeared to be more strongly related to self-reported multicultural competencies. Indeed even the operationalization of the multicultural competencies makes repeated reference to self-awareness and on-going self-reflection and self-assessment (Arredondo et al., 1996). Thus, it is recommended that time and attention be devoted to facilitating trainee multicultural awareness in their multicultural classes as well as in general classes, and in clinical supervision. Self-awareness may even be considered a prerequisite for multicultural competence (Richardson & Molinaro, 1996), highlighting the necessity of attending adequately to self-awareness throughout counselor training.

Second, the influence of participants’ training program environment on their self-reported multicultural competencies also highlighted the importance of training programs’ attention to multiculturalism more broadly. When participants perceived their training programs as more attentive to multicultural issues, they reported greater multicultural competencies. Thus, it is recommended that training programs be intentional and proactive about attending adequately to multiculturalism through the integration of multicultural issues into coursework and the curriculum, attending to cultural issues in clinical supervision, conducting research on multicultural issues, recruiting diverse faculty and students, and creating and maintaining a safe environment in which students can engage in the work of self-awareness and participate in conversations about culture.

Finally, it is important to consider the present study’s participants’ high scores on self-reported multicultural competencies. The observed ceiling effect, with no participant rating
themselves low in multicultural competencies, suggests that trainees may not be able to adequately self-assess their multicultural knowledge and awareness. Based on this observation, the following recommendations are offered: Faculty and supervisors must be better able to self-assess through doing their own multicultural self-awareness work, in order to demonstrate adequate self-assessment and be better able to assess the multicultural competencies of their students; and it is important not to rely on trainee self-assessment as the sole marker of progress in the development of multicultural competencies.

**Implications for Research**

Based on the literature and the present study, several implications for research are noted. Multicultural competence is a complex phenomenon, and may be considered a life-long process rather than a goal one can achieve (Collins & Pieterse, 2007). Thus, at the heart of multicultural competence is a *change process*; and it is impossible to assess change using ex post facto research designs. To better understand multicultural competence and multicultural training, it will be imperative for researchers to investigate these phenomena over time. As well, it is important to consider multicultural counseling outcomes as the true outcomes of multicultural training, as the purpose of multicultural training is ethical, culturally competent service delivery; consequently, process and outcome research on multicultural counseling is an important part of multicultural research, and one that has received surprisingly little attention. Future research should not only continue to examine the process and outcome of multicultural counseling, but also as it relates to counselors’ multicultural training experiences and multicultural competence.

To appropriately and rigorously undertake such research, however, the significant measurement limitations in this area of research must be addressed. Relying solely on self-report for multicultural competencies, as well as for attitudes that may hinder or facilitate the
development of multicultural competencies, was problematic in the present study. Trainees and counselors may not be able to adequately self-assess their own multicultural competencies; and individuals’ implicit and explicit attitudes may be discrepant, making it difficult to infer how one may behave in a multicultural context based on measurement of their explicit attitudes. Alternative means of measuring these constructs should be explored to be used in conjunction with self-report, and ways of improving self-report measures should be considered as well. Measurement specific to multicultural training experiences should be developed as well, to facilitate multifaceted examination of multicultural training, and comparison of helpful and unhelpful multicultural training experiences across studies.

Finally, Social Dominance Theory may be an important lens through which to understand multicultural competence, and the proxy support observed in the present study suggests that Social Dominance Theory warrants further investigation in the context of multicultural competence and training. The central construct of Social Dominance Theory, however, Social Dominance Orientation, appears to be difficult to measure using the existing Social Dominance Orientation scale. Discrepancies between implicit and explicit attitudes specific to Social Dominance Orientation should be examined further, and alternate ways of examining this construct explored.

In conclusion, the present study represents a step toward an empirically based, theoretically driven understanding of multicultural competence and thus, multicultural training. Awareness of white privilege, graduate program multicultural training environment, and to some extent, social dominance orientation, contributed significantly to trainees’ self-reported multicultural competencies, underscoring the potential importance of these three variables in the development of multicultural competence, as well as the importance of program-level and
individual-level variables more broadly. Design limitations that mirror common limitations in this area of study, as well as significant measurement limitations in multicultural competence, multicultural training, and related social attitudes, have made it difficult to establish empirically-based best practices in multicultural training; however, further study of the characteristics underlying multicultural competence utilizing appropriately complex methodology, and development of appropriate, empirically-sound instrumentation, would aide in the understanding of counselor multicultural training that truly evidences change in multicultural competence.
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Appendix A

Multicultural Environmental Inventory-Revised (Pope-Davis, Liu, Nevitt, & Toporek, 2000)

Please read each of the following statements. Then, indicate how much each statement is reflective of your training program (1 = not at all, 3 = moderately, 5 = a lot).

1. I believe that multicultural issues are integrated into coursework
2. The course syllabi reflect an infusion of multiculturalism
3. There is a diversity of teaching strategies and procedures employed in the classroom (e.g., cooperative and individual achievement)
4. There are various methods used to evaluate student performance and learning (e.g., written and oral assignments)
5. Multicultural issues are considered an important component of supervision
6. There is at least one person whose primary research interest is in multicultural issues
7. Faculty members are doing research in multicultural issues
8. Awareness of and responsiveness to multicultural issues is part of my overall evaluation
9. Being multicultural competent is valued
10. I am encouraged to integrate multicultural issues into my courses
11. I am encouraged to integrate multicultural issues into my work
12. I feel comfortable with the cultural environment in class
13. I feel my comments are valued in classes
14. During exams, multicultural issues are reflected in the questions
15. The environment makes me feel comfortable and valued
16. There is a place I can go to feel safe and valued
17. I feel generally supported
18. When recruiting new students, I am completely honest about the climate
19. When recruiting new faculty, I am completely honest about the climate
20. When recruiting new staff, I am completely honest about the climate
21. The faculty are making an effort to understand my point of view
22. A diversity of cultural items (pictures, posters, etc) are represented throughout my program/department
23. All course evaluations ask how/if multicultural issues have been integrated into courses
24. All courses and research conducted by faculty address, at least minimally, how the topic affects diverse populations
25. I feel more comfortable discussing multicultural issues in supervision
26. There are faculty with whom I feel comfortable discussing multicultural issues and concerns
27. There is a demonstrated commitment to recruiting minority students and faculty
Appendix B

Social Dominance Orientation Scale (SDO; Sidanius & Pratto, 1999)

Please read each of the following statements. Then, indicate how positively or negatively you feel about them, from 1 (very negative) to 7 (very positive).

1. Some groups of people are simply inferior to other groups.
2. In getting what you want, it is sometimes necessary to use force against other groups.
3. It’s OK if some groups have more of a chance in life than others.
4. To get ahead in life, it is sometimes necessary to step on other groups.
5. If certain groups stayed in their place, we would have fewer problems.
6. It’s probably a good thing that certain groups are at the top and other groups are at the bottom.
7. Inferior groups should stay in their place.
8. Sometimes other groups should be kept in their place.
9. It would be good if groups could be equal.*
10. Group equality should be our ideal.*
11. All groups should be given an equal chance in life.*
12. We should do what we can to equalize conditions for different groups.*
13. Increased social equality.*
14. We would have fewer problems if we treated people more equally.*
15. We should strive to make incomes as equal as possible.*
16. No one group should dominate society.*

* indicates reverse scoring.
Appendix C

Privilege and Oppression Inventory (Hays et al., 2007)

Please read each of the following statements. Then, indicate how much you agree or disagree with each statement, from 1 (strongly disagree) to 6 (strongly agree).

1. Being White and having advantage go hand in hand. (WPA)
2. I believe that being White is an advantage in society. (WPA)
3. Whites generally have more resources and opportunities. (WPA)
4. Whites have the power to exclude other groups. (WPA)
5. Government policies favor Whites. (WPA)
6. There are benefits to being White in this society. (WPA)
7. Individuals do not receive advantages just because they are white.* (WPA)
8. White cultural characteristics are more valued than those of people of color. (WPA)
9. Most White high-level executives are promoted based on their race. (WPA)
10. The lighter your skin color, the less prejudice and discrimination you experience. (WPA)
11. The media (e.g., television, radio) favors Whites. (WPA)
12. Many movies negatively stereotype people of color. (WPA)
13. The majority of positive role models in movies are White. (WPA)
14. Gay, lesbian, and bisexual individuals lack power in the legal system. (HA)
15. Heterosexuals have access to more resources than gay, lesbian, and bisexual individuals. (HA)
16. Openly gay, lesbian, and bisexual individuals lack power in today’s society. (HA)
17. Gay, lesbian, and bisexual individuals do not have the same advantages as heterosexuals. (HA)
18. Many gay, lesbian, and bisexual individuals fear for their safety. (HA)
19. The media negatively stereotypes gay, lesbian, and bisexual individuals. (HA)
20. Gay, lesbian, and bisexual individuals experience discrimination. (HA)
21. Some individuals are devalued in society because of their sexual orientation. (HA)
22. I think gay, lesbian, and bisexual individuals exaggerate their hardships.* (HA)
23. Heterosexuals are treated better in society than those who are not heterosexual. (HA)
24. Christians hold a lot of power because this country is based on their views. (CPA)
25. Christianity is valued more in this society than other religions. (CPA)
26. Christians are represented positively in history books. (CPA)
27. Society is biased positively toward Christians. (CPA)
28. To be Christian is to have religious advantage in this country. (CPA)
29. Christians have the opportunity of being around other Christians most of the time. (CPA)
30. Christian holidays are given more prominence in society than non-Christian holidays. (CPA)
31. Christianity is the norm in this society. (CPA)
32. I am aware that men typically make more money than women do. (SA)
33. I am aware that women are not recognized in their careers as often as men. (SA)
34. Women are disadvantaged compared to men. (SA)
35. Women lack power in today’s society compared to men. (SA)
36. Women experience discrimination. (SA)
37. Femininity is less valued in this society. (SA)
38. There are different standards and expectations for men and women in this society. (SA)
39. Advertisers set standards for how women should appear (SA)

*Indicates reverse coding
WPA = White Privilege Awareness Subscale; HA = Heterosexism Awareness Subscale; CPA = Christian Privilege Awareness Subscale; SA = Sexism Awareness Subscale
Appendix D

Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2002)

Using the following scale, rate the truth of each item as it applies to you.

1                     2                     3                     4
1                     5                     6                     7
5                     6                     7
Not at  All True  Somewhat True  Totally True

1. I believe all clients should maintain direct eye contact during counseling.
2. I check up on my minority/cultural counseling skills by monitoring my functioning – via consultation, supervision, and continuing education.
3. I am aware some research indicates that minority clients receive “less preferred” forms of counseling treatment than majority clients.
4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive.
5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients.
6. I am familiar with the “culturally deficient” and “culturally deprived” depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination.
7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted.
8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation.
9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illnesses than are majority clients.
10. I think that clients should perceive the nuclear family as the ideal social unit.
11. I think that being highly competitive and achievement oriented are traits that all clients should work towards.
12. I am aware of the differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups.
13. I understand the impact and operations of oppression and the racist concepts that have permeated the mental health professions.
14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility.
15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment.
16. I am knowledgeable of acculturation models for various ethnic minority groups.
17. I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.
18. I believe that it is important to emphasize objective and rational thinking in minority clients.
19. I am aware of culture-specific that is culturally indigenous, models of counseling for various racial/ethnic groups.
20. I believe that my clients should view a patriarchal structure as the ideal.
21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship.
22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs.
23. I am aware of institutional barriers which may inhibit minorities from using mental health services.
24. I think that my clients should exhibit some degree of psychological mindedness and sophistication.
25. I believe that minority clients will benefit most from counseling with a majority who endorses White middle-class values and norms.
26. I am aware that being born a White person in this society carries with it certain advantages.
27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients.
28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs.
29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.
30. I believe that all clients must view themselves as their number one responsibility.
31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group.
32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions.

Thank you for completing this instrument. Please feel free to express in writing below any thoughts, concerns, or comments you have regarding this instrument:
Appendix E

Multicultural Training and Demographic Questionnaire

1. How many graduate-level courses in multicultural counseling/psychology have you taken? ___

2. How many workshops on issues of multiculturalism have you participated in or attended?

3. Please indicate, from 1 (not at all) to 7 (completely), how much you feel multiculturalism was infused into your other graduate coursework.

4. How many research projects primarily about multicultural issues have you completed?

5. To what extent, from 1 (not at all) to 7 (completely), does your graduate training program emphasize multicultural counseling and/or social justice?

6. To what extent, from 1 (not at all) to 7 (completely), when you were applying to graduate school, were you seeking a program that emphasized multicultural training?

Please take a moment to tell me more about yourself

7. Please indicate your gender.
   Male
   Female
   Other (please specify): ______________

8. How do you identify your race/ethnicity?.
   Native American/First Nation
   Black/African American
   Hispanic/Latino(a)
   White, non Hispanic/Latino(a)
   Asian/Pacific Islander
   Other (please specify: ___________________)

9. What is your age? ______

10. How would you identify your sexual orientation?
    Heterosexual
    Bisexual
    Gay/Lesbian
    Other (please specify: ______________)
11. What is your partnership status (please indicate the item that best describes your situation)?
   - Single, never married
   - Single, in a committed relationship
   - Cohabitating
   - Married
   - Separated or divorced
   - Widowed
   - Remarried
   - Other (please specify: _______________)

12. Which type of graduate degree are you currently earning?
   - M.S.
   - M.A.
   - M.S.W.
   - M.F.T.
   - Ph.D.
   - Ed.D.
   - Psy.D.
   - Other (please specify: _______________)

13. In what field are you currently earning your graduate degree?
   - Counseling Psychology
   - Clinical Psychology
   - Mental Health Counseling
   - Counseling
   - Marriage and Family Therapy
   - School Psychology
   - Social Work
   - Rehabilitation Counseling
   - Chemical Dependency Counseling
   - Other (please specify: _________)

14. In what year of your graduate program are you currently? _________

15. What is the highest college degree that you have already earned? ________

16. How many months of supervised clinical experience have you had?
    ________ months

17. How would you describe your family's socioeconomic status?
   - Lower SES
   - Lower Middle SES
   - Middle SES
   - Upper Middle SES
   - Upper SES
18. With what political party do you identify?
   Democrat
   Republican
   Independent
   None
   Other (please describe: __________________)

19. With what religion do you most closely identify?
   Christianity
   Catholicism
   Judaism
   Islam
   Buddhism
   Sikhism
   Hinduism
   Other (please specify: _______________)
   None

20. In what state or province do you currently reside? (If you do not currently reside in the U.S. or Canada, please note your country of residence under "other").

21. What state or province are you originally from? (If you are not from the U.S. or Canada, please note your country of origin under "other").
Appendix F

Recruitment Letter for E-mail and Social Media

Recruitment E-Mail

Subject: Request for Participants: Tell Us About Your Training Program!

Hello!

My name is Melanie Lantz, and I am a doctoral student in counseling psychology at the University at Albany. I am writing to invite you to participate in my dissertation study on students’ experiences in their graduate programs, as well as related personal variables. If you are currently a Master’s or doctoral student in an applied mental health field (e.g., counseling psychology, clinical psychology, mental health counseling, social work, school counseling, school psychology, and rehabilitation counseling) who is working with clients, or has worked with clients, and are interested in participating in this study, please follow the included link to the Informed Consent page: https://www.psychdata.com/auto/surveyedit.asp?UID=76496&SID=154166. When prompted to enter a password, the password is “training”.

Participation is voluntary, and your answers will be anonymous. The survey is expected to take approximately 20 minutes. There are no expected risks to this study; the benefit of this study is a contribution to better understanding what types of graduate training experiences are helpful, and for whom, which may help inform training and support of counselor trainees. Participants will be eligible to win one of 20 $25 Amazon gift cards; if you would like to be entered into the drawing, submit your name and e-mail address to the e-mail address listed at the end of the study.

This study has been approved by the University at Albany Institutional Review Board, and is being overseen by Dr. Michael Ellis and Dr. Myrna Friedlander. If you have any questions about this study, please contact me, Melanie Lantz, at mlantz@albany.edu. You may also contact Dr. Ellis at mvellis@albany.edu, Dr. Friedlander at mfriedlander@albany.edu, or the Office of Regulatory Research Compliance at orrc@albany.edu. Thank you for your time and consideration.

Melanie Lantz
Appendix G

Informed Consent

Thank you for your interest in my study. I realize that you have many requests for participating in research, so I greatly appreciate the time and effort it takes to do so. I am conducting a study about counselor trainees’ training experiences. If you are currently a master’s or PhD student in clinical or counseling psychology, mental health counseling, social work, or a related applied counseling field, and are currently or have formerly seen clients, please read the description below, which provides important information about participation in this study.

Introduction
Graduate Students’ Training Experiences

Purpose of the Study
The purpose of this study is to understand helpful graduate student training experiences, as well as the interaction between training experiences and personal variables, in applied counseling programs such as (but not limited to) clinical and counseling psychology, mental health counseling, and social work.

Procedures
If you continue, you will be provided an online survey and asked to answer some questions. Your answers will remain anonymous. Participation in this study is voluntary; even if you begin the study, you may decide to leave the survey at any time. You also retain the option to not answer any questions or portions of the survey.

Risks and Benefits
There are no anticipated risks of this study beyond possible discomfort answering questions about your graduate training program. If you do encounter discomfort with this survey, please remember that you may discontinue at any time. The benefit of this study is a contribution to better understanding what types of graduate training experiences are helpful, and for whom, which may help inform training and support of counselor trainees.

Online Data Collection
This study has been approved by the University at Albany Institutional Review Board (IRB). IRB approval is indicative only of the fact that procedures implemented by this study adequately protect the rights and welfare of participants. While your data will remain confidential unless otherwise required by law, please remember that absolute confidentiality cannot be guaranteed due to the nature of Internet and computer use. To best ensure confidentiality, please be sure to close your browser when finished. In addition, the Institutional Review Board, the sponsor of the study, and University or government officials responsible for monitoring this study may inspect these records.

Questions or Concerns
If you have questions concerning your rights as a research participant or if you wish to report any concerns about the study, please contact the University at Albany’s Office of Regulatory
Research Compliance at its toll-free phone number 1-866-857-5459 or via email at hsconcerns@albany.edu. You may also contact me (Melanie Lantz) at mlantz@albany.edu, or the faculty sponsor of this study, Dr. Michael Ellis, at mvellis@albany.edu or (518) 442-5048.

By clicking "continue" below, you are
(a) indicating that you have read the information about this study;
(b) providing consent to participate in the study; and,
(c) indicating that you are at least 18 years of age.

If you do not wish to participate in this study, please decline participation by closing the window.
Table 1

*Multicultural Counseling Competencies adapted from Sue, Arredondo, & McDavis, 1992*

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### Table 2

**Demographic Characteristics of the Sample**

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Demographic Characteristics of the Sample

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Table 3

*Correlation Matrix and Descriptive Statistics*

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<th>Variables</th>
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<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
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<td>1. SDO&lt;sup&gt;a&lt;/sup&gt;</td>
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<td></td>
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<td>52.35</td>
<td>9.65</td>
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<td>2. WPA&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>3. MEI-R&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>-.020</td>
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<td>4. MCKAS&lt;sup&gt;d&lt;/sup&gt;</td>
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<td>.232**</td>
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*Note.* <sup>a</sup>Social Dominance Orientation Scale (Sidanius & Pratto, 1999), <sup>b</sup>White Privilege Awareness subscale of the Privilege and Oppression Inventory (Hays, 2007), <sup>c</sup>Multicultural Environmental Inventory Revised (Pope-Davis et al., 2000), <sup>d</sup>Multicultural Counseling Knowledge and Awareness Scale (Ponterotto et al., 2002).

**p = .01**
### Table 4

**Descriptive Statistics for Covariates**

<table>
<thead>
<tr>
<th>Covariates</th>
<th>SDO</th>
<th>MEI-R</th>
<th>WPA</th>
<th>MCKAS</th>
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<td>$SD$</td>
<td>$M$</td>
<td>$SD$</td>
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<td>104.50</td>
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<td>18.37</td>
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</table>

**Note.** Women scored significantly lower on the SDO, $F(2, 359) = 12.43, p = .00$, and significantly higher on the MCKAS, $F(2, 359) = 5.68, p = .004$. Self-identified Republicans and Independents scored significantly higher on the SDO than Democrats and those with no political affiliation, $F(5, 356) = 11.44, p = .00$. On WPA, self-identified Democrats scored higher than Republicans, Independents, and those with no political affiliation, $F(5,356) = 6.44, p = .00$. Self-identified Democrats scored higher on the MCKAS than Republicans and Independents, and Republicans scored lower than participants with no political affiliation, $F(5,356) = 5.98, p = .00$. Participants who identified as Black/African American scored higher on the MCKAS than participants who identified as White, Hispanic/Latino(a), and Asian/Pacific Islander, $F(6,355) = 3.33, p = .003$. 

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Table 5

Summary of Hierarchical Multiple Regression Analysis on the MCKAS

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<tr>
<th>Variable</th>
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*Note. N = 369, Step 1, $F (10, 352) = 5.66, p = .000$, Step 2, $F (3, 348) = 60.27, p = .000$.

*aGender, men = 0, women = 1; Race, White non-Hispanic = 0, Native American/First Nation, Black/African American, Hispanic/Latino(a), Asian/Pacific Islander, Biracial/Multiracial =1, each coded separately; and Political Affiliation, Democrat = 0, Republican, Independent, None, and Other = 1, each coded separately.

* $p < .05$, ** $p < .01$. 
Figure 1. Hypothesized model.